

1		٦.	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HYD ICATE OF DEATH	GIENE 9	1 8	5 9	D.S.T
			CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
7 2			WILLIA			ADDI		AUGUST	05,197		11;30AM
e 4 mo		3 SE	MALE	1 RACE NEGF	RO	S. DATE C	EMBER 16 19	6. AGÉ (IN YEARS LAST BH		INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Page dire	0		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8		9 BALTIMORE CITY		DEATH	
erol n 72	17	C	OUNTRY)	USA	4	WIDOWE	D NEVER MARRIED X	ANNE ARU	NDEL C	OUNTY	MD.
s after de	Septimed 4		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NU		ROTHER INSTITUTION	12a USUAL OCCUPAT	TION		BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in b and 2 should be fil	Salt be	USU 13a. S	AL RESIDENCE IF NURSING HOMEO TATE 136 COUL	R OTHER INSTITUTION	136 CITY OR Balt	TOWN	13d. INSIDE CITY LIMITS?	136. STREET ADDRESS	ton Av	enue	
YLA ithin tely 2 sh	iner	14. EA	THER'S NAME				15 MOTHER'S MAIDEN NA	ME			
w be w mple	O Cam		Unkn	MIDDLE	LAST		Margret	MIDDLE		Chase	
. + 0 _	00	160 V	AS DECEASED EVER IN U.S. AF		166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDE		0110.0	117/
BALTIMORE, cate be execuysician and coppers. Pages	medi	(es, no or unknown) (IF yes, giv	E WAR OR DATES)	212-4	2-2671	Ingrid Co	llick 17	35 Rux		
BALT cate k	t, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		line for (a), (b	and ic	1000	CT		APPROXIA BETWEEN O	MATE INTERVAL
ertificentification	9			TE CAUSE (0)	CAI	CDIA	AKKE.	3/		. /	,
PRESTON ST he death cert he attending p emave carban matian, ar ren	moti		4272	DUE TO, O	R AS A CONSE	EOUENCE OF	ASCUT		32136	1/2	11.
RES e de mave	trau		Conditions, if any, which gove rise to immediate	(p)_			7500			un	inein
201 W. P	ar ather		couse (a), stating the underlying couse last	DUE TO, O	r as a conse	EQUENCE OK	sepsis			12	hrs.
RDS, 2 equires n signe Then p	nlory.	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVEN	IN PART 1(0	3
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir outending physician. After this carrificate been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to by	s ony	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WH	11	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED OF DEATH?
TAL The ician te house set p	200	RTII	0/4/7	7 21b, TIME C	SE INTURY	bleed	199	YES NO	YES [NO 🗆
AN: I physici physici ificate	29		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE			DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJ	URY IN ITEM 18, PART	OR PART 2)	
NO rSIC ing cert urial	Hen /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		M. OF INJURY	19	211. LOCATION		100		
VISIO G PHY offend er this s the b	o pa	MED	WHILE NOT WHILE AT WORK		REET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO) NWO	COUNTY	STATE
	io a	3	220.1 certify that (I) (this hasp	ital) attended th	e deceased fro	om	19	. to	. 19.		hot (I) (we) lost
ATTEND asspital of CTOR: A differ use	21 15		saw the declased alive on		-		d that in (my) (our) opinion	death accurred on the c			
	E		22h SIGNATURE	of view the body	romer gegin.	~	QEGREE			22c. DATE S	SIGNED
of DIR	<u>.</u>	1	Jal &	4/2	00	. 2	ATTENDING PHYSICIAN	MEDICAL STA			
PITA by ERA Start	Z		224 PHISICIAN'S NAME INTE	H PRINT)		1	22e ADDRESS		EN BURN	EM	0.
O HOSF etained TO FUN should b	MPORTAN		JOHN KRESS	LER M.	D. '		MEDICAL O		RNACE E		
Op Op Op	<u>¥</u>	23a. I	JURIAL, CREMATION, REMOVAL			23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
03 BP.	4.04	(Burial	8/9/7	9	Westy	iew Mem. Pk	Catons	ville,	Md.	STATE
DHMH - 16 50M 7/7	7	24. F	JNERAL DIRECTOR	1-1-1				E REC'D. BY REGISTRAL			JRE
(VR A 15 (4))	No.	I	m C March F	'H	1101 I	E. Nor	th Ave. AUG	7 1979	Tintray!	Ache	dy
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STATE OF MARYLAND

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TO THE STATE OF TH	01734		

pristale _k	1.	STATE REGISTRAR Cecelia	C. Aike	en	CERTIF	ICATE OF DEATH	REG. N	0.	3 4 4	
M	{TYPE	Cec	elja	C.	A	iken	8	P-ZZ-	79 45	O M
	3 SE	F	4 RACE		S. DATE C	F BIRTH	4 AGE (IN YEARS LAST BIR	THDAY) # UNDE MONTHS YRS.	DAYS HOURS MI	7.3
19	Br	RTHPLACE (STATE OR FOREIGN OUNTRY)	IN CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	DI NEVER MARRIED		RUNDEL (Tounty	MD
13	(0)c	WAPOLIS		HOSPITAL, HURSIN CYPACUTY, GIVE STREET URUNDO	ADDRES	Keral Hospition.	TYPE OF WORK FOR MOST OF Ret. Clex	OF WORKING LIFE) IND		OR
38	USU 13a S	AL RESIDENCE (IF NURSING HOME STATE Md.	OR OTHER INSTITUTION	13c CITY OR TOW Arnold	E ADMISSION)	13d. INSIDE CITY LIMITS? YES XXX NO []	81 Colonia	l Ridge I	ane	
120	14. F/	John W. Conn	elly	LAST		15. MOTHER'S MAIDEN N	AME	McEvo	LAST	
1		VAS DECEASED EVER IN U.S. (15, 100 or unknown) (15 yes, 10 No	IVE WAR OR DATES)	052-16-8			ne Arnold, Md Kennedy-nie	ce 481 Ce	lonial Ric	lg
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) — (c) — (c) —	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TER	MIN AL DISEASE OR CON	DITION GIVEN IN I	PART 1(o)	
9	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH? NO	
or nem last	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED	DEATH HOUR A		19	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU			
	1	WHILE AT WORK 220 I certify that this has saw the deceased alive above (100) (dd) (dd)	pital) attended t	he deceased from	8-1	d that in my (our) opinio	n death occurred on the di	2 19 7 ote and hour and f	7, tho (we) I	
		27b. SIGNATURE	O. 1	moteda	1/1	ATTENDING PHYSICIAN	MEDICAL STA	FF =	C DATE SIGNED	5
MPOKIAN 1		Grego	OR PRINT)	mitel	6/1m	27. ADDRESS 0 /6/6	Foract	M. A.	nnon	3/1
5	(Burial, Cremation, Remov Specify Cremation	8-22-	-79 Le		emetery or crematory	Washing	ton, D.C.		
)M /78	24 F	on-4th St.N.E.	Washing	Home Doress ton, D.C.	20002	25a D/	AUG 27 197	25b. REGISTRAR'S S	SIGNATURE Great	7
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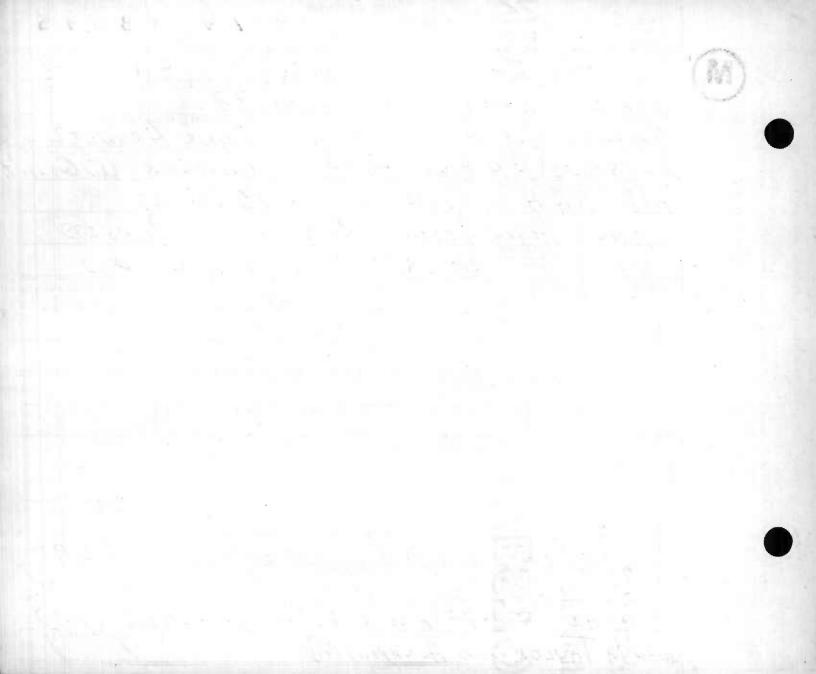
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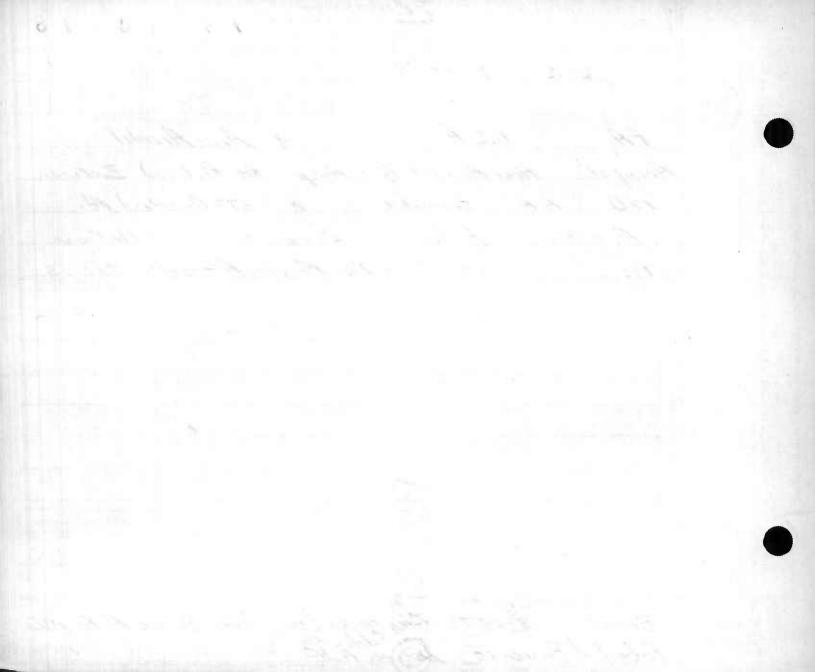
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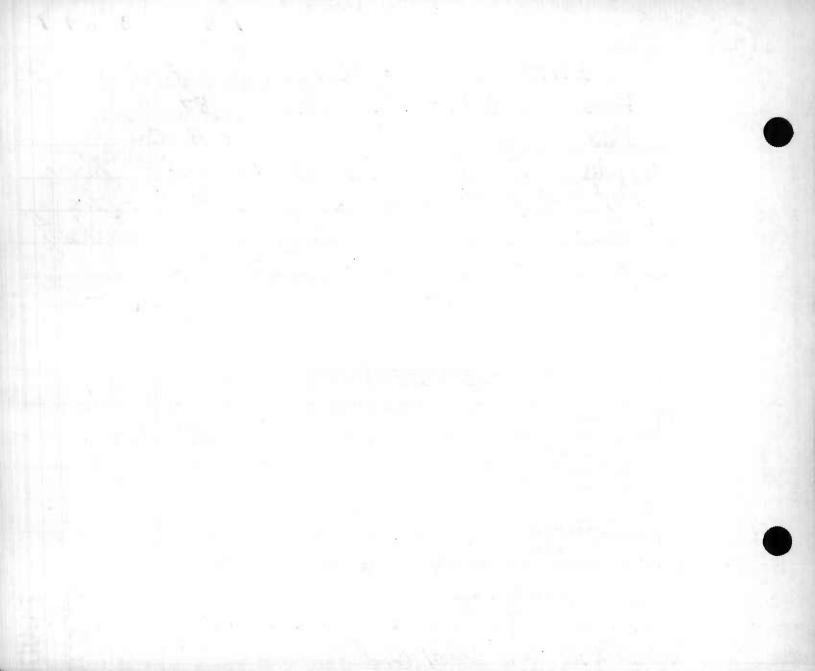


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL DE ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral memory page 3
	TO HOSPITAL C. A	TO FUNERAL DIREC
	BP.	

	FC 51	DR TATE	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY	GIENE 7 9	18	5 9 6
		GISTRAR	WIDOLE	CERTIFICATE OF DEATH	REG. N		
- 0	TYPE OR P	SED NAME FIRST	ALFAI		20. DATE OF DEATH	WONTH DAY	YEAR 26. HOUR
3.	SEX	Louis	RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		R I YEAR IF UNDER 24 HRS
1)		Male	white	2 18 03	76	YRS.	OAYS HOURS MIN
275 Th	BIRTH		CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	Acuade 1	ATH MD.
10 10 10 10 10 10 10 10 10 10 10 10 10 1	CITY	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BUSINESS OR
20	SUAL R	ESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ME ADMISSION)	Net Nail	oad L	rakemen
\$35 IS	30. STA	136 COUNT	I I I CITY OR TO	WN PI 134 INSIDE CITY LIMITS?	13R. STREET ADDRESS	retend	Al.
14	FATH	R'S NAME	DOLE LAST	15. MOTHER'S MAIDEN NA	ME	/2/260	
:020		Micholas	Altan	o Domeni	ica	Un	Known
medico		DECEASED EVER IN U.S. ARM		URITY NO. 17 INFORMANT	ADDRE	SS	
0		0	157-67	19348 Mrs. Mary	lovAltob	elli - 5	ec 13
event, th	18.	CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), o	-1 (1 1 1 1 1 1 1		_	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
		IMMEDIATE	/ 0/	ON CANCIEIL	-		
or other troumotic	1	537	DUE TO, OR AS A CONSEQU	JENCE OF GIAN	O sia		
	0	onditions, if any, which ove rise to immediate	(b)	007 000	any		
		ouse (0), stating the inderlying couse lost	DUE TO, OR AS A CONSECU	JENCE OF	/		
	PA	RT 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN E	PART I/O
					The block of Cort		
no l	CERTIFICATION 120	DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?		FINDINGS USED
2					YES NO	YES 🗆	AUSES OF DEATH?
		ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR I	PART 2)
E /	5 (1	CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
5	W	I INJURY OCCURRED	21st PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOV	vn cou	NTY STATE
		WORK NOT WHILE AT WORK		4	,		
	220		4 ottended the deceased from	7798 19	to T/2	3/77.19	, that (I) (we) lost
		sow the deceased alive on above, (1) (we) (did) (did not)	view the body ofter death.	, and that in (my) (our) opinion	death occurred on the de	ote and hour and fr	om the couses stated
	271	SIGNATURE	(V)	DEGREE			L DATE SIGNED
		Sanly	Waltun	ATTENDING PHYSICIAN S	MEDICAL STAI		8/23/19
	220	I. PHYSICIAN'S NAME (TYPE OR P	PRINT)	22R ADDRESS			
1		SI WAT	KINS	- 12			
23	3a BUR	AL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOC ATION	COUNTY	STATE
-	1	Secial	8-25-79 (Elen Hoven Cem.		Irnie 19	1. A. MD.
DM NO	FUNE	RAL DIRECTOR	AOORESS	01 Retchie Ale 250 DA	TE REC'D. BY REGISTRAN AUG 27 1979	256. REGISTRAR'S S	HGNATURE CONTRACTOR
/78	150	over s. Ba	ranco !	verna Parka	4UG 27 1979	/	7



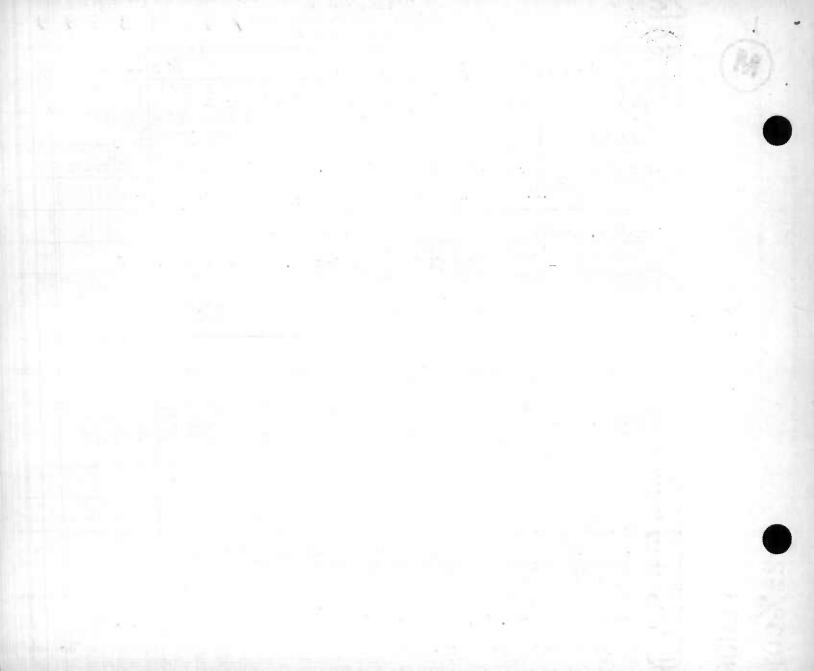
) [FOR STATE REGISTRAR	CER	OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. N	
	ASED NAME FIRST PRINT)	MDOLE RACE / S. DA	ALTON ALTON ATE OF BIRTH	2R. DATE OF DEATH 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 26. 8 - 9 - 79 THOAY) IF UNDER I YEAR 15
7- 0103	Female	CITIZEN OF WHAT COUNTRY?	Eb. 8, 1892	87	YRS. HC
<u>150</u>	OR TOWN OF DEATH	USA WID	RRIED NEVER MARRIED DIVORCED DIVORCED	120 USWAL OCCUPAT	Co 6
53AN	VAPOLIS /	INF NOT IN SUCH FACUITY, GIVE STREET ADDRESS	GENERAL	HOUSEW	
E35 130. SI	110, 14,	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	YES NO [13. STREET ADORE S	rk LANE
121 H	HER'S NAME FIRST CZEKIAh	Kowen	15 MOTHER'S MAIDEN NAM	MIDDLE	HArole
D Ide W/	AS DECEASED EVER IN U.S. ARME 5, NO OR (INKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SECURITY N	O. 17 INFORMANT SMI	th #	3
event, the	PART I. DEATH WAS CAUSED B	ane couse per line for (a), (b), and (c).			APPROXIMATI BETWEEN ONSE
traumatic	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE (b)	Fludny		1ta
or other t	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE C	Carcin	ma	?
×	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART 1(0)
Hem 18 shows ony injur	96 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	YES NO NO	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES
	(10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	EAR 2)c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2}
MED or	WHILE NOT WHILE AT WORK	21R PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, ETG	211 LOCATION STREET	CITY OR TO	wn COUNTY
, 21 is ma	20 certify that (1) (this haspital) saw the deceased alive on above, (1) (wet (did) (did not) v	8/8/79 19	, and that in (my) (our) opinion o	to 8/5/) death occurred on the d	ote and hour and from the cou
#	17b. SIGNATURE	und -	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
NATAN	124 PHYSICIAN'S NAME (TYPE OR PR	INTS.	220 ADDRESS		
IMPORT					
23e. BU	RIME REMATION, REMOVAL	23b. DATE 23b. NAME 23b. NAME 23b. DATE	CEMETERY OR CREMATORY	231-10 CATION	GLO PONTY/L



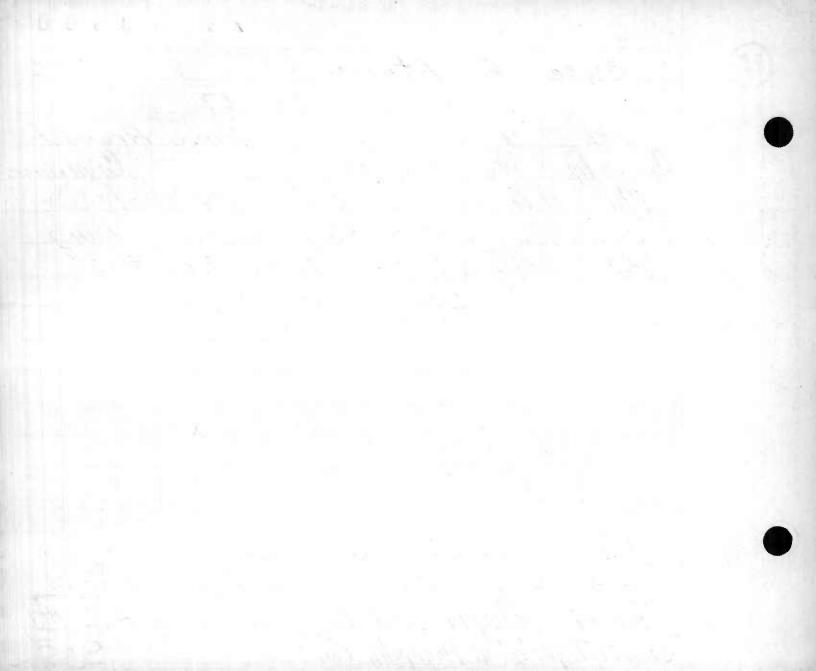
*				STATE OF MARYLAND	
	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
	1 DF	CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH) DAY YEAR 25 HOL
		OR PRINT)	DEDDY		8 26 79 5.
	3 SE	WILLIAM	PERRY	ANDRE Is date of Birth	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER
-				' MONTH DAY YEAR	MONTHS DAYS HOURS
1.4	_	RTHPLACE (STATE OR FOREIGN	WHITE 76. CITIZEN OF WHAT COUN	SEPTEMBER 11.	9. BALTIMORE CITY OR COUNTY OF DEATH
2		OUNTRY)	U.S.A.	MARRIED NEVER MARRIED	ANNE ARUNDEL COUNTY
- O		aryland		WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSIN
異人は			(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
2071		AL RESIDENCE (IF NURSING HOME OR	NORTH ARUND		Photographer
ts) (St	13a 3	STATE 136 COUN	TY 113c. CITY OR	TOWN 13d. INSIDE CITY LIMITS	
\$30F		RYLAND ANNE	ARUNDEL GL	EN BURN EE NO D	16 NEW JERSEY AVENUE
L V Dais			AIDDLE LASI	FIRST	MIDDLE LAST
200	_			son Naomi	Ruth Johnson
medico	16a V		WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS
		Mies WW	=2 215-0	01-7448 Rachel	
ent, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse per line for (a), (b)	bylandic of	Platino 7 0 APPROXIMATE INTE
eve			E CAUSE (o)	gues filere	Elalion 70
atic		414-8	DUE TO, OR AS A CONS	PROUENCE OF D	7-50-0
troum		Conditions, if any, which	(b)	er cerceri	1 History
ě.		gove rise to immediate couse to, stoting the	DUE TO, ORAS A CONS	SEQUENCE OF O I'M	
or oth		underlying couse lost	(10)	ga liceyo	ceauding
ripary, o	Z Z	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTION	TO DEATH BUT NOT RELATED TO THE T	BEMINAL DISEASE OR CONDITION GIVEN IN PART 1101
80	CERTIFICATION	190 DATE OF OPERATION	IN CONDITION FOR W	HICH OPERATION WAS PERFORMED	20s. AUTOPSY? 20s. IF VES, WERE FINDINGS USE
19	Ĕ				YES NO YES NO NO C
89	CER	ZEs. ACCIDENT WAS UNDERLYING	ZIE TIME OF INJURY		CURRED (ENTER HATURE OF HAURT PLITZM 18, PART I OR PART 2)
1/	100000	GRECONTRIBUTING CAUSE OF DEA	HOUR AM MONTH	DAY YEAR	
ž č	MEDICAL	ZIE INJURY OCCURRED	ZIE PLACE OF INJURY	231 LOCATION	animal biblion () () () () () () () () () (
3	E	WHEE G HOT WHEE G	(AT HOME, STREET, FACTORIE OF	PRICE, PARM, ETC.) STREET	CITY OF TOWN COUNTY I
ě.		22s.1 certify that (I) (the highput	all attended the defensed to	19.7	5 to 126 1929 that (1) (
2		saw the staceard of se age	M XING		tion death occurred on the gate and hour and from the Courses sh
E	1	276 SIGNATURE	w the body and death	DEGREE	12LDATE SIGNED
=		1/1/1/	ile - 1	ATTENDIN	G MEDICAL STAFF STAFF
7		ZHE PHYSICIAN'S NAME (TIME OF	men 7)	77e ADDRESS	N PORECTOR PHYSICIAN 19
1 PORT	1	ANASTACIO E	. SUBONG JR	1406 CRAI	IN HIGHWAY GLEN BURNIE,
Š		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATO	RY 23d LOCATION
		Burial	8/30/79	Glen Haven Cem.	Glen Burnie, A.A. Mds.
77		INERAL DIRECTOR	ADDRES	25a.	DATE REC'D. BY REGISTRAR 255. 25 GISTRAR'S SIGNATURE
417.4		Raymond C. Fi	nk Glær	Burnie, Md. A	UG2 8 1979 Linky Malruis

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1			STATE OF MARYLAND		
Ľ	FOR STATE REGISTRAR	CE	OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	8 5 9 9
	PECEASED NAME WAT	ren R. A	LTKINS	2ª DATE OF DEATH MONTH	6-79 205A
3 S	EX M	4 RACE 5. D	ATE OF BIRTH MONTH - 05 - 36	6. AGE (IN YEARS LAST BIRTHDAY) 43 YRS.	IF UNDER 1 YEAR IF UNDER 24 H
93 7e	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	THE	ARRIED HEVER MARRIED DOWED DIVORCED	Anne Arundel	OFDEATH
53	Annapolis	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES Anne Arundel Gene	eral Hosp.	IZE USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LIE Landscaping	125 KIND OF BUSINESS INDUSTRY Landscaping
36	UAL RESIDENCE (IF NURSING HOME 136 CAL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI JNY 13t. CITY OR TOWN Tracys Land	1134 INSIDE CITY LIMITS?	Rural Route 25	6
021	Dennis E. Atki	MIDDLE LAST	Emma May Ba		LAST
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) IF YES, G	rmed forces? 166 SOCIAL SECURITY 126 52 796	. The second sec	tkins same as #	13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
injury, or other froumotic event, the ION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE b) DUE TO, OR AS A CONSEQUENCE co	OF	IINAL DISEASE OR CONDITION GIV	S Y P Q P
8 shows ony injur	100 DATE OF OPERATION Feb 1974 210. ACCIDENT WAS UNDERLYING	BAAI'N 118. TIME OF INJURY	TUMON	YES NOT YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	OR COMPRESSION TO CAMPE OF S	THE PARTY OF THE P	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, I	
AEDICAL CERTIFI	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	BEATH HOUR A.M. MONTH DAY	YEAR 19 211 LOCATION	RED (ENTER NATURE OF HUURY IN ITEM 18, F	
AEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 22d. I certify that (I) (this has sow the deceased alive pobyee, (II) (we) (did) (did)	HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	YEAR 19 211 LOCATION STREET 19 10 10 10 10 11 10 11 10 11 10 10 10 10		COUNTY STATE r19
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STATE OF MARYLAND



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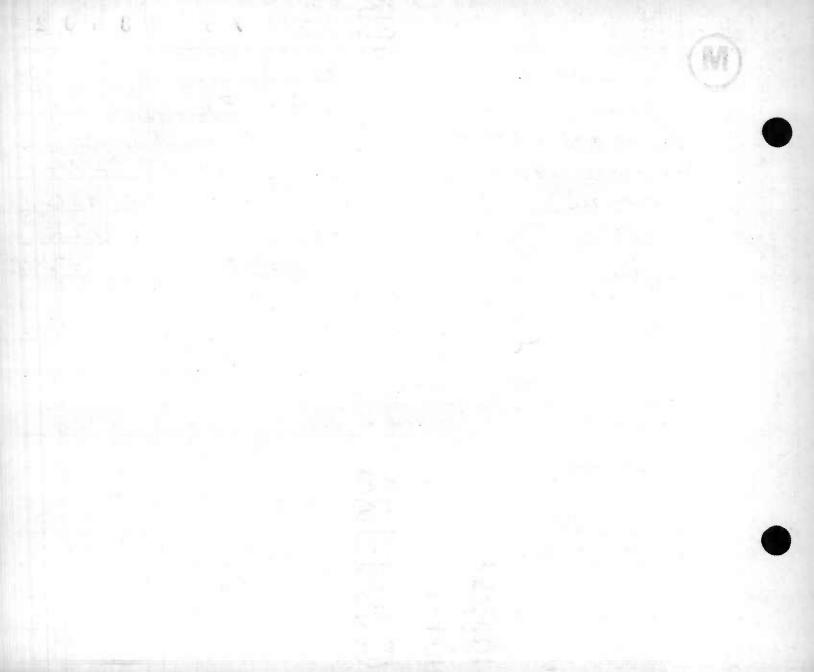
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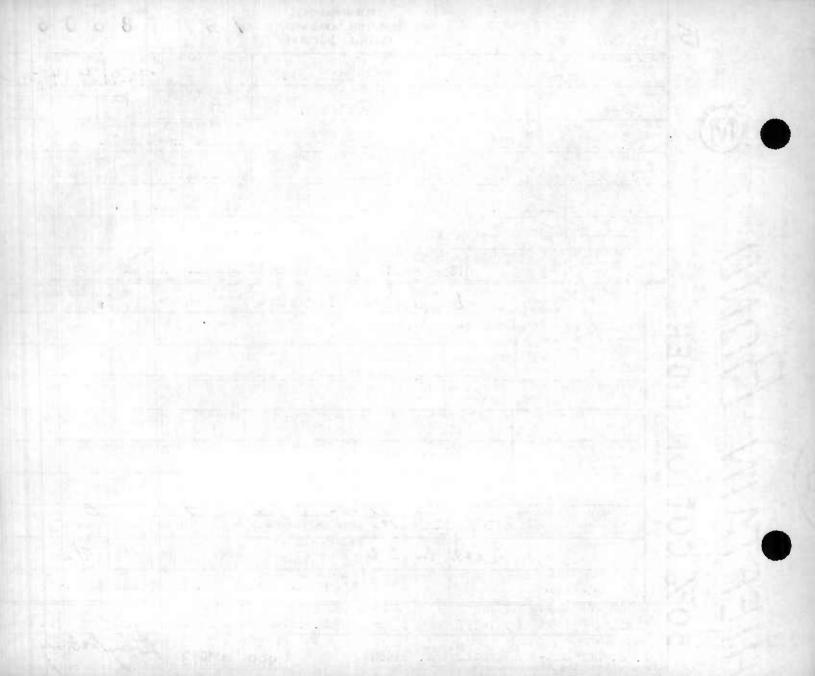
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15	1	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 9	1 8	6 0	3
m.£		PECEASED NAME FIRST		MIDDLE	t	AST	20. DATE OF DEATH	MONTH DAY	YEAR	76 HOUR
and and a	L	Lena		V.	37.0	Beitler .		8 29	19	4 pm
41	3 5	EX	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UI	NDER I YEAR	HOURS MIN
1		female	white		9,	21/1917 YEAR	61	YRS		
M	5	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Pa.	USA	WHAT COUNTRY	MARRIE		9 BALTIMORE CITY O	orcounty of undel Co		,
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12 13	1	Michael Valor	aiddle	LAST		15 MOTHER'S MAIDEN NA Dorast Yuri	shin MIDDLE	M.	LAST	
0- 1	160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SE	CURITY, NO.	17 INFORMANT	ADDR	ESS		
Pog med		(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	167-16-	6313	Wayne Geral	d Beitler S	ame as l	Above	
has been signed by the permit. Then permit the permit common sows only injury at other permits.	CERTIFICATION	gove rise to immediate cause (o), stating the underlying cause lost PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	(c)		<u>D DEATH</u> BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WI	ERE FINDING	F DEATH?
cate has	ERT	71a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES E	OR PART 2)	NO [
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the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE	377.73	211. LOCATION STREET	CITY OR TO	wn (COUNTY	STATE
for use of Heol		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did)	7 3	19		d that in (my) (our) apinion	death occurred on the d	ote and hour and		nat (I) (we) lo ouses stated
TO FUNERAL DIRECTOR should be detached for unit the State Dept of H IMPORTANT: If Item 21 is	1	27b. SIGNATURE	1. Re	out for	5. h	PHYSICIAN [MEDICAL STA	FF CIAN []	224. DATES	
TO FUNERAL I should be deto with the State I IMPORTANT: IF	1	22d PHYSICIAN'S NAME (TYPE Dr. Biern					dral St. Ann	napolis	Md 214	401
<u> </u>	230	Burial, cremation, remova (SPECIFY) Burial	236 DATE 9-1-1			emetery or crematory d Mem. Park	23d. LOCATION CITY OR TOWN Allentow			Pa.
16 50M 1/76 A 15 (4))	24	FUNERAL DIRECTOR T. A. Hardesty	Annapo	lis Md.	21401	25a DA	TE REC'D. BY REGISTRAR	256. PIGISTRAR	SANGU	REdy



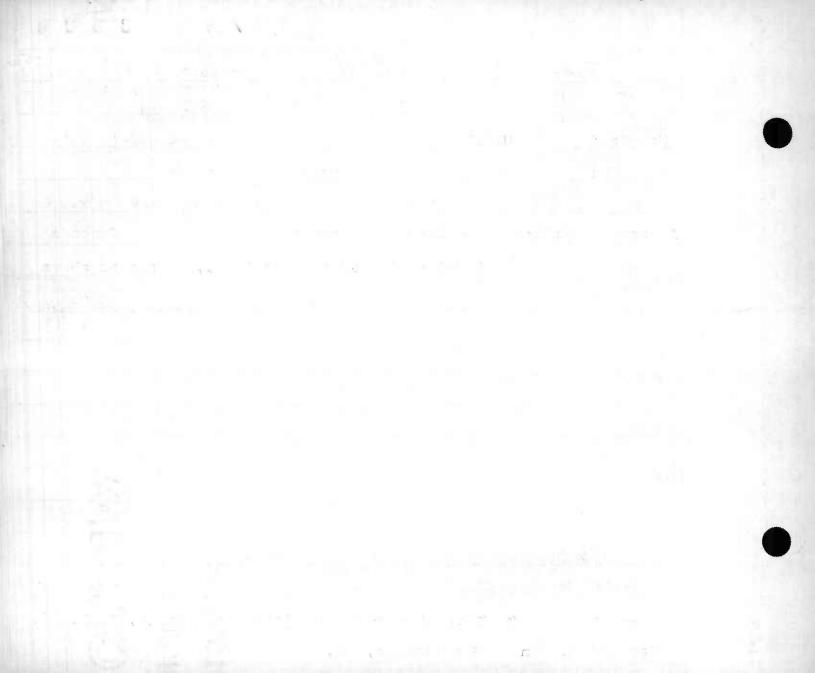
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Raymond C. Fink

(VRA 15, 4) 7/7B



hours after

within 24

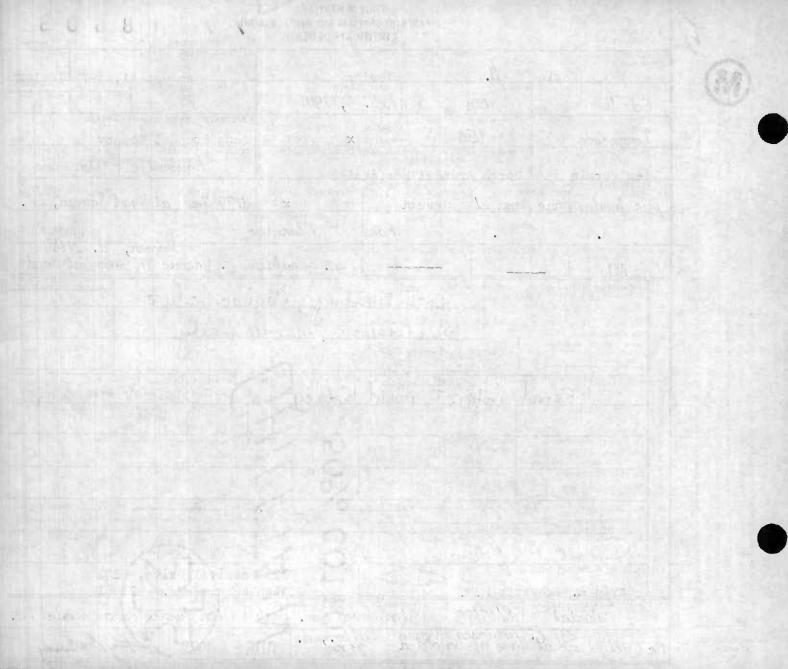
executed

requires that the death certificate be

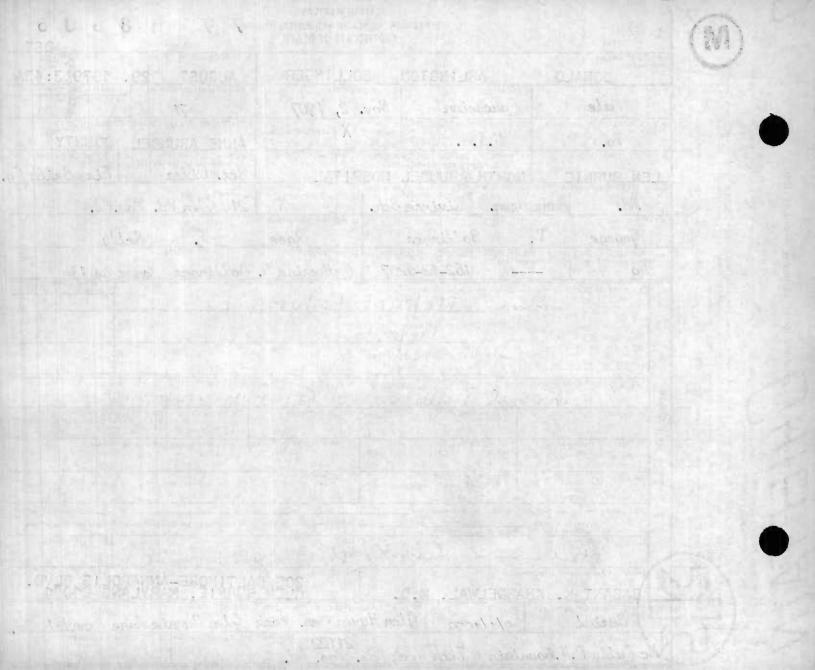
TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the hospital or attending physician.

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77		Pennessee		us	A	WIDOWE			Arund	el Con	unty	
-1	10. CI	TY OR TOWN OF DEATH	11.		OSPITAL, NURS		OR OTHER INSTITUTION		OCCUPATION OF FORMOST OF		12b. KIND	OF BUSINE
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FOR STATE REGIST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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						REG. NO.	
	DECEASED NAME FIRST TYPE OR PRINT) Geral		Mayne		^{AST} Boyer	20. DATE OF DEATH MONTH	OAY YEAR 2b. HOUR
3	Male	4 RACE	White	S. DATE C	pril 0,1930	6. AGE (IN YEARS LAST BIRTHDAY) 49	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pa.	US	SA	WIDOWE		9. BALTIMORE CITY OR COU	lel Co.
	Annapolis Octiv or town of death Annapolis 11. NAME OF HO 225 Cape		OSPITAL, NURSING HOME OR OTHER INSTITUTION OF STREET ADDRESS. C. John Rd.		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Lithographer	Creative Press	
) 13	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 136 COUNTY AACO.		Annapolis		13d INSIDE CITY LIMITS?	225 Cape St.	John Rd.
114	FATHER'S NAME Martin	MIDDLE .	Boyer		15. MOTHER'S MAIDEN NA Mabel	MIDDLE	Weyand £st
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES)	579360668		Barbara Boy	ver Sa	ame as 13
MEDICAL CEOTIEICATION	Canditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, O CONDITIONS O 196 COND 196 COND 216. TIME C HOUR A R) P 21e. PLACE (AT HOME, ST	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	NCE OF THE ATT BUT OPERATION OPERATION Y YEAR 19	COLON NOT PELATED TO THE TERM	200 AUTOPSY? YES NOTE NATURE OF INJURY IN ITEM CITY OR TOWN 1 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
L	BURIAL, CREMATION, REMOVA SPECIFY FUNERAL DIRECTOR Hardesty Funera	DE PRINT) AL 23b. DATE 8-22	23c, N	IAME OF C	ATTENDING PHYSICIAN 220 ADDRESS EMETERY OR CREMATORY 1 250 DA	MEDICAL STAFF DIRECTOR PHYSICIAN 23d. LOCATION CITY OR TOWN Davidsonvill TE REC'D, BY REGISTRAR 256. REC 2 1 1979	222. DATE SIGNED 2001279. COUNTY STATE AACO. Md.

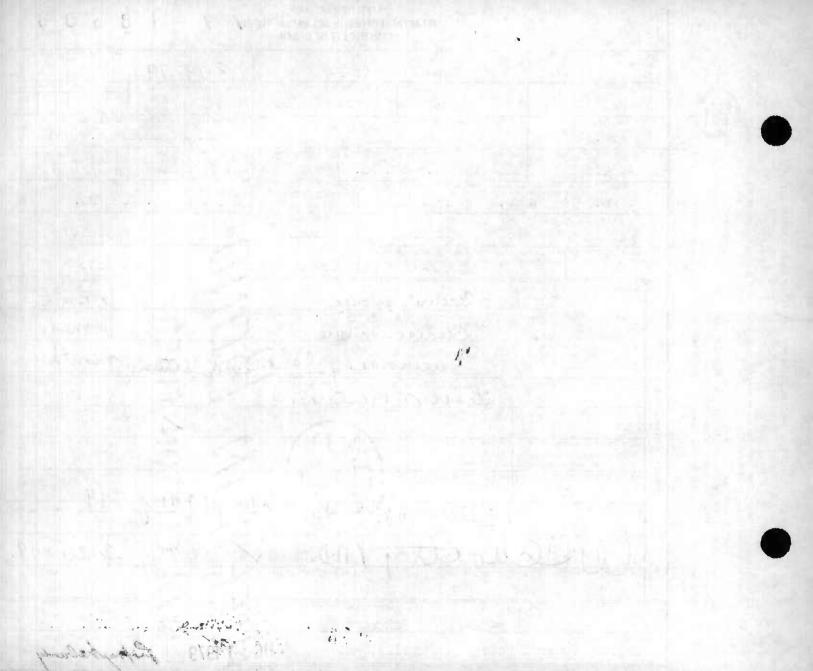
BP. DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

certificate has been signed by

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician



James S. Kirkley, Glen Burnie, Md.

DHMH-16 50M 7/77

(VR A 15 (4))

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DST REG. NO LAST 20 DATE OF DEATH DECEASED NAME MONTH 2b. HOUR TYPE OR PRINT) ROY BOZMAN August 4, 1979 12:00 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HR HOURS BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County 12b. KIND OF BUSINESS OR Cabine thaker Retired 321 Wilson Blvd.S.W. MIDDLE Laird Mrs. PaulineBozman, wife, same as 13 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. Itial The AUTOPSY? 18h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? TIL HOW INJURY OCCURRED (ENTERNATURE OF HOURT IN ITEM IS PART I OR PART 2). COUNTY CITY OF TOWN STATE opinion death accurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 517 Empire Towers, 7300 Ritchie Glen Burnie, Maryland, 21061 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Oriole, Somerset, Md. St. Peters Cemetery BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

STATE OF MARYLAND

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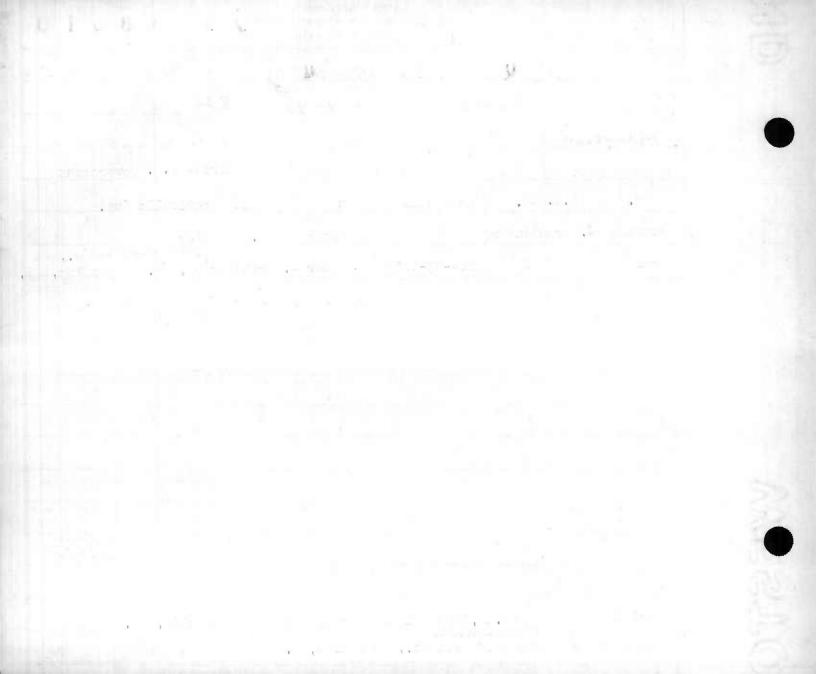
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OSPITAL CATENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter deam. Page 4 is need by the haspital or attending physician.	UNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direction. By the funeral direction of the distriction of the
DIVISION	OSPITAL SECTENDING PHYSICIAN: The Interest by the hospital or offending physician.	UNERAL DIRECTOR After this lid be detached for use as the but

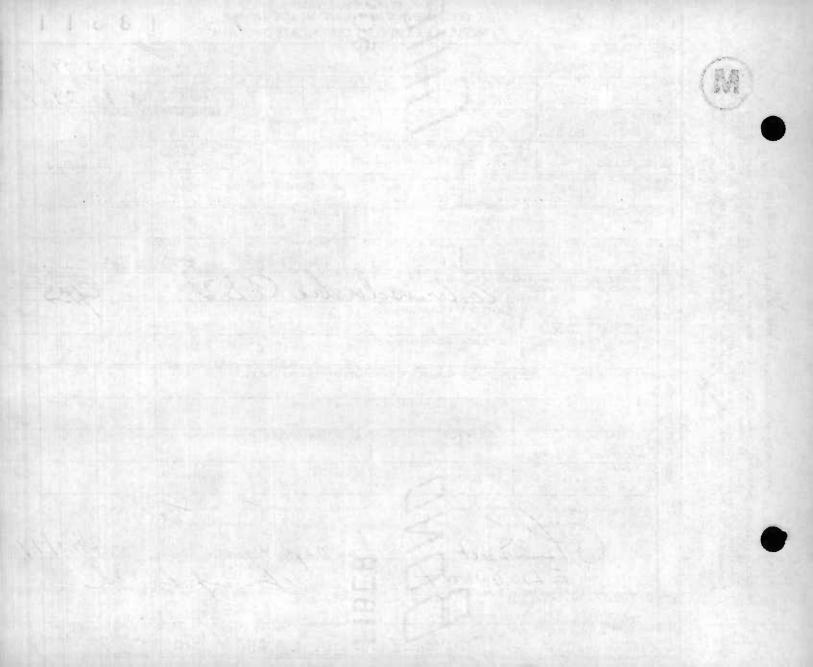
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DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS 4 RACE DATE OF BIRTH YEAR S AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH MONTHS DAYS HOURS 82 CAUSC. YRS Th CITIZEN OF WHAT COUNTRY? BALTIMORE/CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY USA MARYLAND WIDOWED DIVORCED 11) NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR 12e USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) OTION INDUSTRY Government USUAL NEL USUAL RESIDENCE VIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) A A CO 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e STREET ADDRESS Annapolis 102 Monticello Ave NO [YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME J. Brandenburg LAST MIDDLE LAST Stewart Sayler Sarah 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Stratton Rd. (YES NO OR UNKNOWN) 214-05-1019 Wilbur S. Brandenburg Crofton APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY mo IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHERSIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 **IFICATION** 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOIS YES 🖂 NO \square 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED 211 LOCATION 210 PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220 | certify that (1) (this battail) attended the deceased from 20 Roughland saw the deceased alive on_ and that in (my) (our) opinion death occurred an the date and haur and from the causes stated obove, (I) (west did) (did not) view the body after death 224 SIGNATURE THE DATE SIGNED DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN [MEDICAL 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 734 LOCATION 23a BURIAL, CREMATION, REMOVAL 73c NAME OF CEMETERY OR CREMATORY STATE COUNTY Barial Hillcrest Cemetery Aug. 22, 1979 Annapolis. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Beall Funeral Home 1212 West St., Annapolis, Id.





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FOR

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BROOKINS Annapolis, Md. MARY DORSEY EVANS 106 Solomons Island Rd. APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred on the date and have and from the couses stated 22c. DATE SIGNED DIRECTOR PHYSICIAN COUNTY STATE CREMATION 8-24-1979 GREENMOUNT CREMATORY Baltimore Marylan Annapolis, Md. 24 FUNERAL DIRECTOR DHMH-16 20M WILLIAM REESE & SONS MORTUARY. P.A. (VRA 15, 4) 7/7B

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

DAYS

IF UNDER I YEAR

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MONTHS

2b. HOUR

HOURS

12h KIND OF BUSINESS OR

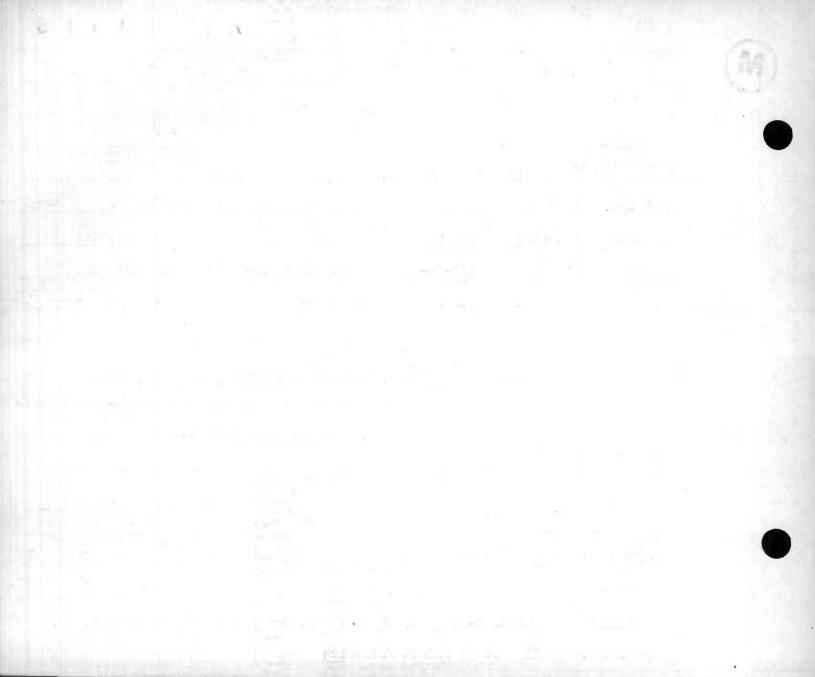
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STATE OF MARYLAND

ENGLISH STORY OF THE STORY

	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE 7 9	1861
	I. DEC	CEASED NAME FIRST OR PRINT) VELVE	MIDDLE	Da	De N	REG. NO.	THE DAY YEAR 2b. HOUR
	3. SE	MALE	1 RACE BLOCK	5 DATE C MONTH Dec	H DAY YEAR		MONTHS DAYS HOURS
36 ouce	e co	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	USA	MARRIE WIDOWE		//	OUNTY OF DEATH
OVarfied	00	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 113 OWENSVI	estreet address)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WO	
og samost be	13a. S	TATE 136 COU		RTOWN	134 INSIDE CITY LIMITS?	113 Ou	ENSVILLE RO
ou De Comine	14 FA	THER'S NAME FIRST John Wes	MDDLE LA Slev Brown		IS MOTHER'S MAIDEN N FIRST Helen	NAME MIDDLE	Hawkins
medicol		AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIA	L SECURITY NO.	Berthalene	ADDRESS Brown 113 Owe	ensville Rd.
njury, or other traumotic	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	107	ISEQUENCE OF	MELL,	TO S	ON GIVEN IN PART 1(0)
ws ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED		IB. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH YES \(\text{ NO } \)
or Hem 18 sho	4	2) 8. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR		JRRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
morked or	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	214 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.	21f LOCATION STREET	CITY OR TOWN	COUNTY STA
21 is me		22a L certify that (I) (this bosp saw the deceased alive or above, (I) (we) (did) (decease	Li.	76	nd that in (my) (****)-opinio	n death occurred on the date of	19, that (1) (wanter and hour and from the couses state
TT: If then		22 SIGNATURE Ornsell (. Roans	4.7		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	1 1	224 PHYSICIAN'S NAME ITYPE	OR PRINT)	4-7	220 ADDRESS	INTET BU	2 ~
IMPORTANT: IF	9	DONALD C.	DANE,	7, 7.	ACTAC	7//0	En 10 20
IMPORTANT	23a B	URIAL, CREMATION, REMOVAL PECIFY) Burial	23b DATE Sept. 1-79		EMETERY OR CREMATOR	CITY OR TOWN	COUNTY STAT Beach Cal. Md.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

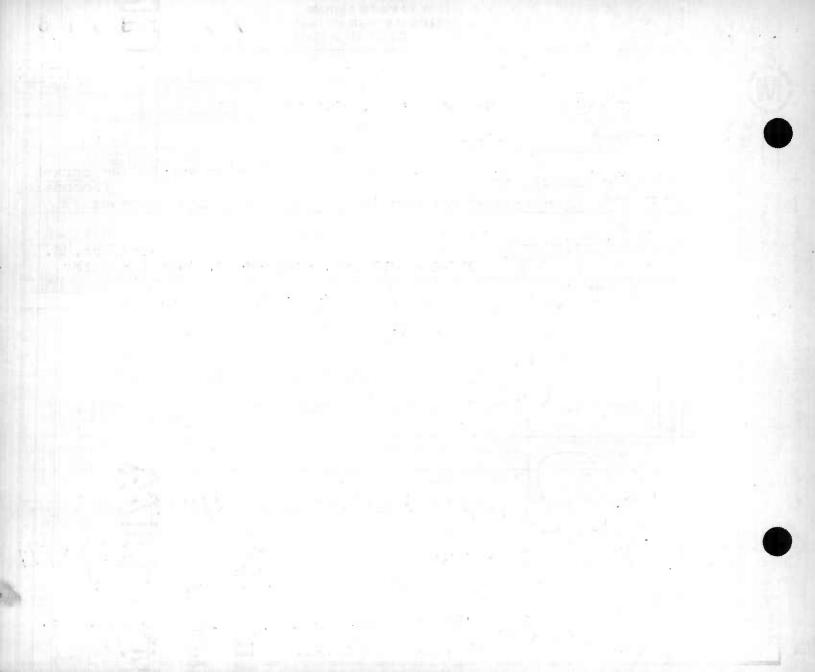
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TO HOSPITAL CATENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after directioned by the haspital or attending physician.

		FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 7 9	8 6 8 DST	
		DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR	
1 55		LENA	A (NMN)	CAMPBELL	August 14, 197	79 7:57 PM	
Day	3	Female	A RACE White	S. DATE OF BIRTH MONTH SEPT. 20,1913	6 AGE (IN YEARS LAST BIRTHDAY) 65 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	
of once.	5	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arundel		
Political Control	. /	Glen Burnie	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET North Arundel		12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIE Waitress (RET	12b. KIND OF BUSINESS OR INDUSTRY Resturant	
must be	1	SUAL RESIDENCE IN MURSING HOME OF A STATE AND AND	OTHER INSTITUTION, GIVE RESIDENCE BEFORM TY 134. CITY OR TOWN EArundel Glen	VN 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 20 Wellham A	(Ferndale	
and 2 sh	28	I. FATHER'S NAME FIRST UNKNOWN	Yinglin	15. MOTHER'S MAIDEN NAM	WIDDLE	UNKNOWN	
ician and co lert. Pages 19.		(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECTION AND A SOCIAL SECTION		ADDRESS Bal cude C. Bock (timore,Md. Daughter)	
been signed by the attending physical Then please remove carbon popping it buriol, cremation, ar remove any injury, or ather troumatic event,	29	Conditions, if ony, which gave rise to immediate couse to stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE ON THE TOTAL OR AS A CONSEQUENCE ON THE TOTAL OR AS A CONSEQUENCE ON THE TOTAL OR AS A CONSEQUENCE OR OR AS A CONSEQ	ence of	IMINAL DISEASE OR CONDITION GIVEN IN PART 1/a: 788. AUTOPSY? 28MF YES, WERE FINDINGS USE		
hospital or attending physician RECIOR: After this certificate has sed for use as the burial-transit per pt of Health and Mental Hygiene pt of Health and Mental Hygiene em 21 is marked or them 18 shows		/ 1	or conductivity Cheurseners	THE HOUR A.M. MONTH D. P.M. The PLACE OF INJURY LAT HOME SHEET, FACTORY, OFFICE, TOIL Oranged by depressed from	FARM, ETC.) THE LOCATION STREET TO TO TO THE TO T	YES NO YE RED (ENTER MATURE OF PULIER PATEM 18. F	COUNTY STATE 19 that (1) (we) last
reformed by the TO FUNERAL DI should be detach with the State De IMPORTANT: If IMPORTANT: IMPORTA	1	Se BURIAL CREMATION REMOVAL	IREZ, MĎ.	DIR ADDRESS 325 Ho Glen I	OSPITAL Drive, #2 Burnie, Maryland,		
DHMH-16 20M (VRA 15, 4) 7/78	2	SINGLETON FUN	anter	EN BURNIE, MD. AU	E REC'D. BY REGISTRAR 256. REGIST		



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200		1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND CERTIFICATE OF		17	186	19
		1.5	ECEASED NAME FIRST	WIDDIE	LAST		REG. NO 20 DATE OF DEATH MO	NTH DAY YEAR	126 HOUR
	3 (154)		Danie.	1 Andrew	Carroll	SR	August	13-19-19	7 407
	MAIN	3 3	EX	4 RACE	5 DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DA	AR IF UNDER 24 HE
	uge rect		Male	White	2/5/	1914	65	YRS	
	h Pa ol dii 2 hou	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR		R MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH	
	er deat	27	MU	U.), H	WIDOWED	DIVORCED	Anne Arund	-	
		2	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		NSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUST	
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AL &	The lo	1 8					YES NO	YES	NO 🗌
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	TENDIN ital or of TOR. Aft or use os of Health		27s.1 certify that (II) this has	pital) attended to deceased from	79	19 19	eoth occurred on the date		, the (1) (Ve) I
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DHMH - 16 60M 1/75 (VRA 15 (4))

BP.

08-16-79 24 FUNERAL DIRECTOR Funeral Home, 1212 West St., Anna., Md.

23c NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

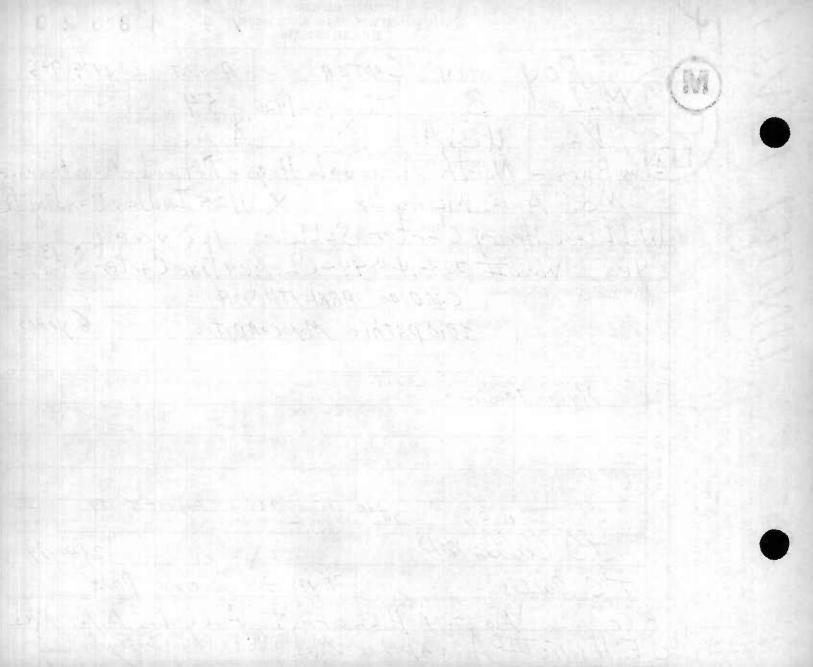
23d LOCATION COUNTY STATE Manyland

126 KIND OF BUSINESS OR Retired

250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 121d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 122d. Certify that (I) (this hospital) attended the deceased from 19 79, and that in (my) (out) opinion death accurred on the date and hour and from the couses stated above, (I) (was) (idid) (eld-post view the body after death. 228b. SIGNATURE 221d. PHYSICIAN'S NAME (TYPE OR PRINT) 222d. PHYSICIAN'S NAME (TYPE OR PRINT) 222d. DATE SIGNATURE 223a. BURIAL, CREMATION, REMOVAL 23b, DATE 223a. BURIAL, CREMATION, REMOVAL 23b, DATE 225a. DATE SIGNATURE 225a. DATE SIGNATURE 226a. DATE SIGNATURE 227a. NAME OF CEMETERY OR CREMATORY 225a. DATE SIGNATURE 226b. SIGNATURE 227a. DATE SIGNATURE	3 7	TIFICAT	190 DATE OF OPERATION		WASPERFORMED		IN CERTIFYING	G CAUSES OF D	EATH?
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236. BURIAL, CREMATION, REMOVAL 236, DATE 236. NAME OF CEMETERY OR CREMATORY 136 LOCATION COUNTY ASSOCIATION	PORTAN		72d. PHYSICIAN'S NAME (TYPE OR CUL)	PRINT)	THE ADMINESS		^	-K	
24 FUNERAL DIRECTOR 1 250 DATE REC D. BY REGISTRAR 350 REGISTRAR'S SIGNATURE	≦	23a. B	URIAL, CREMATION, REMOVAL	1 2000 1111	METERY OR CREMATORY	230 LOCATION CITY OR TOWN	1- 59	NIY A	ANTE /
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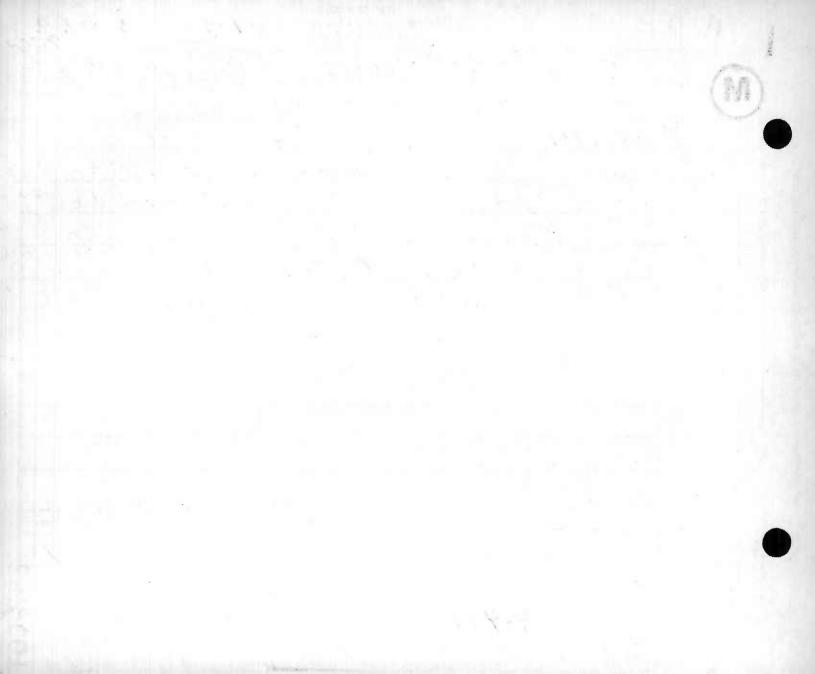
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-	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	12s USUAL (12h. KINE FE) INDUSTI		ISINESS OR
4		en Burnie	North	Arunde:	1 Hos	spital	_	rmer				ture
-	USUA 13e S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e. STREET,	ADDRESS		-		
5		Md. A	Α.	Brookly		YES NO S	926		tory	Ave.	(2	1225
	14_FA	THER'S NAME		A		15. MOTHER'S MAIDEN NAM				171		
2/		Frederick	MIDDLE	Clin	6	FIRST	in	MIDDLE		Mil.	ler	b
T		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT		ADDRE	SS			
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		18 CAUSE OF DEATH (Enter or	ly one course per	line for (n) (h) one	licii	WCI GOIL MOI	1101	720	1200			INTERVAL I AND DEATH
		PART I. DEATH WAS CAUSE	D BY:	PESP1	12A7	TORY FA	1/211	RE		7	4 4.	25
		DUE TO, OR AS A CONSEQUENCE OF										
7	5	Conditions, if any, which	DUE TO, OF	BRONSEQUE	MCE OF	NEUMON.	14			7	2 41	RS.
-		gave rise to immediate cause (a), stating the) (b)	70700740	1101)			/ /	
		underlying couse lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF							
		PART 2 OTHER SIGNIFICANT	CONDITIONS CC	ONTRIBUTING TO F	FATH BUT	NOT RELATED TO THE TERM	INAL DISEASI	E OR CONI	DITION GIV	/FN IN PART	1tn:	
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2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTO	OPSY?		S, WERE FIN		
1	FE						YES 🗆	ПОИ		FYING CAUS		DEATH?
7.	CER	21a. ACCIDENT WAS UNDERLYING			_	21c HOW INJURY OCCURR					_	<u> П</u>
7		OR CONTRIBUTING CAUSE OF DEA										
	MEDICAL	21d. INJURY OCCURRED	21e PLACE (19	211 LOCATION		-				
	ME	WHILE NOT WHILE AT WORK	AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR TOW	/N	COUNTY		STATE
		22e I certify that (H (this haspi	tal) attended the	e deceased from	8	-20 -75	, to	ď	-21	1979	_, that.	₄H (we) los
-		sow the deceased alive an above, (1) (we) (did) (did no	t) view the hady	ofter depth	79.00	id that i n (my) (our) opinion o	death accurre	d on the do	ate and hou	or and from t	the cous	es stated
		226. SIGNATURE				DEGREE					ATE SIGN	
	100	MARION	mm		1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	PHYSIC		8-	-22.	-79
1		224. PHYSICIAN'S NAME (TYPE O	R PRINT)			220 ADDRESS 325 H	ospit	al D	rive	. #11	0	
		Jose P. Ner	omucen	o M.D.		Glen Burni			2106			
	23e B	SURIAL, CREMATION, REMOVAL	23b. DATE		IAME OF C	EMETERY OR CREMATORY	23d. LOCA	ATION IR TOWN		COUNTY		*STATE
	,	Burial	8/24	/79 Mil	lCre	ek Ch. of B	rethr		Mill	Cree	k,	va.
		JNERAL DIRECTOR	1.00= -			25e DATE	REC'D. BY R	EGISTRAR	25b. REGIST	RAR'S SIGN	ATURE	è
	Ge	orge J.Gonce	,4001 F	litchie	Hg.,	Baltimor	G28 K	979	Tiok	my No	Buen	dy

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17		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	7,3
	DEC TYPE (EASED NAME FIRST	ELIZabeth Contec	26 DATE OF DEATH MONTH DA	YEAR 26. HOUR
3	SEX	Sylvia	RACE S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR F UNDER 24 HR
		F	Black July 7 193	No.	ONTHS DAYS HOURS MIN
		THPLACE ISTATE OF FOREIGN 7	CITIZEN OF WHAT COUNTRY?	1 0000 1/01	/
) J	CII	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		126. KIND OF BUSINESS C
53	A	nnapolis	Anne Arundel Gen Hosp.	INSBESTOR-	
32 E	Ja S	TATE 136 COUNT			10. #
	[FA	THER'S NAME	AAA AAMA POLIS YES NO	15 SILVERWOOD	ld Circle
\$21	J	AMES PU	ryell HICKS Ruth	VITGINIA L	ANO
e medicol	(YI	AS DECEASED EVER IN U.S. ARM	VAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT 214-26-9481-	UTP ADDRESS AN	(NA polis-
the man	\prec	Y O		1. Johns - 109 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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umotic e		1629	DUE TO, OR AS A CONSEQUENCE OF	80	7
troum		Conditions, if ony, which gove rise to immediate	(b) Ca of lee	ng	Smo
other		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	0	
6		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
7	CERTIFICATION	No DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
7				YES NO YES	NO
- /	- 11	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR AM. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)
or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 210 PLACE OF INJURY 211 LOCATION		
ò	Ī	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
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If Nem 21 is morke	Ц	saw the deceased alive an above, (I) (was (did) (did not)	view the body of death. DEGREE ATTENDIN	IG MEDICAL STAFF	ond from the couses stoted 221. DATE SIGNED 8/29/7
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MPOKIANI: If Item 21 is morke		saw the deceased alive an obove. (I) (wes (did) (declar) 22b. SIGNATURE THE PHYSICIAN NAME (TYPE OR)	view the body of death. DEGREE M. Delhands, M. DATTENDIN PRINTI RINTI RINTI RINTI RINTI PRINTI PRINTI	FOR Les STRE	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7
CERTIFICATE OF DEATH



•	morth Fage 4 may be	en airector, page 3 ayrs efter death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing 24 hours after thank leage 4 may be stained by the haspital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completaly littled in by the greater, page 3 hould be detached for use as the burial-transit permit. Then please remave carban papers. Pages I and 3 thould be find a give piter death with the State Deat of Health and Mental Plyatere prior to burial, crempton, or remayal.

(VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME George MADDLE 20 DATE OF DEATH MONTH Cobaugh 7h HOUR 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS White December 5. 1909 A. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County. WIDOWED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR Annapolis Convalescent Center Building Trebect brow Baltimore Annapolis 130. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIANTS? 13. STEE APPORTS Eastern Ave. 21221 Baltimore Md. Essex NO PAN YES [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME George V. MIDDIRuetherford Clara Cobaugh ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 176 01 0631 Wife Grace Cobaugh Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 19 11b) and ic PART I. DEATH WAS CAUSED BY. avenous IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF YOMN COUNTY STATE morked NOT WHILE tall attended the deceased from and that in (my) (aux) coined death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE -ATTENDING. MEDICAL STAFF DIRECTOR [PHISICIAN [PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 734 LOCATION 8/22/79 Falmouth. Penns Falmouth Eemetery Burial 14 FUSIESEDIREGEOR DHMH - 16 50M 1/76 Bruzdzinski Funeral Home PA 1407 Old Eastern

Terenter 5, 17 nenthyll redespot shirthe SALE . SE ET THE AD PIECE x = 1 = 1 or ome of = 1 = 1.0Vi Gagree M. Cobrugh , c TW (1 of 31 Orace Columbia | Marie Land Bandle, journelle varieties of the court of the court, letters THE REPORT OF THE PROPERTY OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN X7 MONTH DAY JAR 2b. HOUR (TYPE OR PRINT) COLLINS OF ESTIDEATH MATED AUGUST WILBUR 4. RACE SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 20. DATE 6,1915 AST BIRTHDAY PRONOUNCED GUST Male 13, 1979 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTR ANNE ARUNDEL aroline WIDOWED [DIVORCED VEN ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 117h KIND OF BUSINESS ARUNDEL HOSPITAL Ret. Machine LIFE) GLEN BURNIE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Manulana Parley Ave. Glen Bunnie OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mattie 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IS SOCIAL SECURITY NO ADDRESS LYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Jean Zinanski. Same as above II. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE In DUETO Conditions of any, which gave rise to immediate cause (a) stating the under A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF I PRIOR TO BURIAL, C YES [21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion MARYLAND, death resulted from Hamicide Undetermined manner TITLE (SPECIF) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23a BURIAL CREMATION REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY edar Hill Maryland emetery Burial BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** "ully Funeral Home, 130 Fort Ave. Balto. Md. (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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AA		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS	10	1 11	7 1
MPORTANT		Dr. Brimh	all		35100	14/9 torr	e47 'Dr.	Ann. Md	
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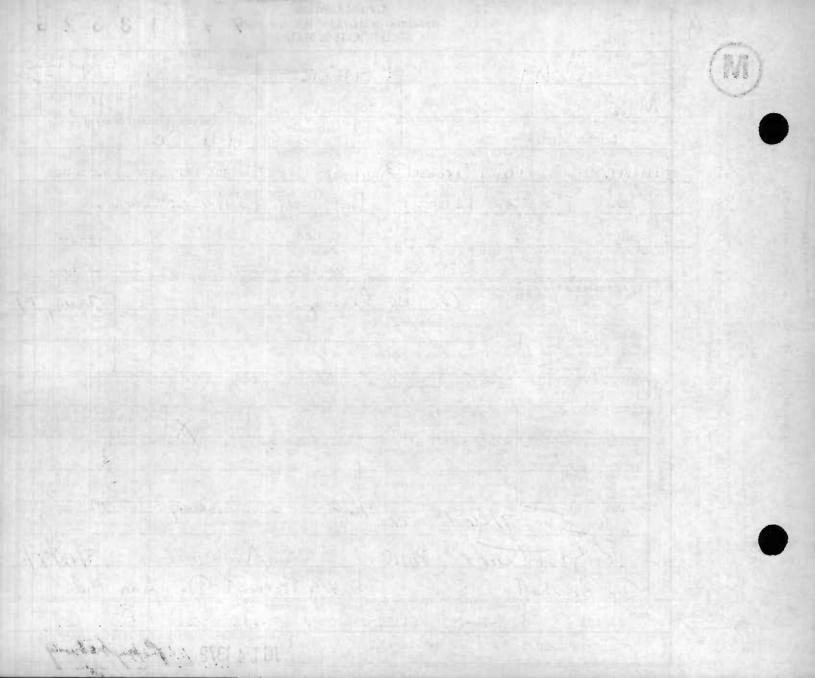
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74 FUNERALDIRECTOR Hardesty Funeral Home Annapolis Md.

STATE OF MARYLAND

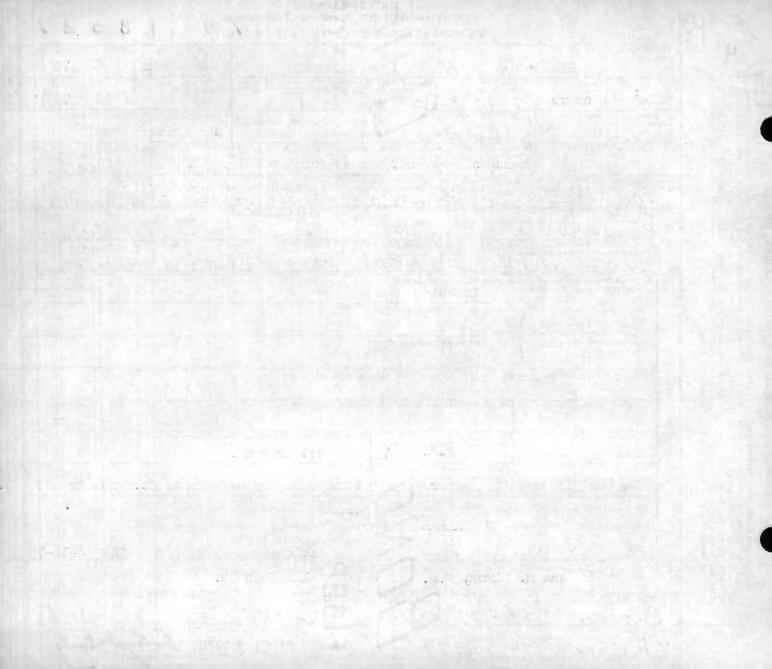
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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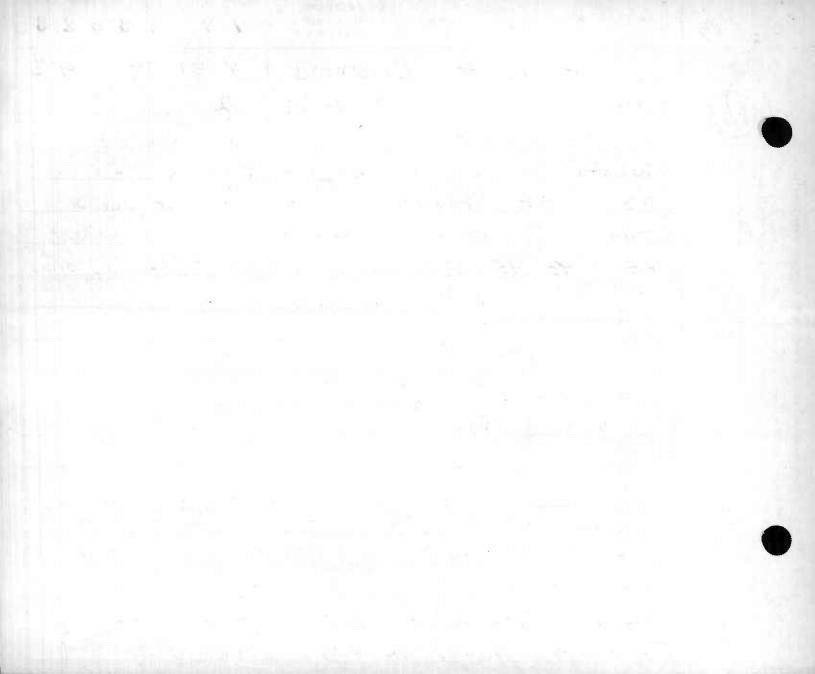


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH? REGISTRAR DECEASED NAME 20. DATE KNOWN 7 HOUR TTYPE OR PRINT! OF ESTI-8 8 1079 BENJAMIN DEATH MATED CRAWFORD 4 RACE . DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. SEX DATE YEAR LAST SIRTHDAY) PRONOUNCED male negro 2.3 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 78. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Anne Arundel County PAGE 5 E FILED, V 128 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Chesapeake Bay off Thomas Point Real Estate Ralton USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN 13a. STATE 113b. COUNTY BALTIMORE, MD. 2120 Rembes NO X OF VITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MARDIE MIDDLE e nJAMIN 9 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ANNAPO CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) PART I DEATH WAS CAUSED BY: OR REMOVAL Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF PRIOR TO BURIAL, YES X NO T BE 210 EXTERNAL CAUSE WAS TIME OF INJURY
HOUR AND MONTH DAY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD UNDERLYING MEDICAL Subject drowned. CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 71f. LOCATION STREET, FACTORY, FARM, ETC.) Chesapeake Bay off Thomas Pt. Anne Arundel Md WHILE AT WORK NOT WHILE water AT WORK FUNERAL DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram Hamicide Undetermined manner Natural causes TITLE (SPECIFY) 8-11-79 Assistant MEDICAL EXAMINER INORE, 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S NAME TYPE OR PRINT ADDRESS. 0 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY BP **PAGISTRAR'S SIGNATURE** 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) 15M 7/76



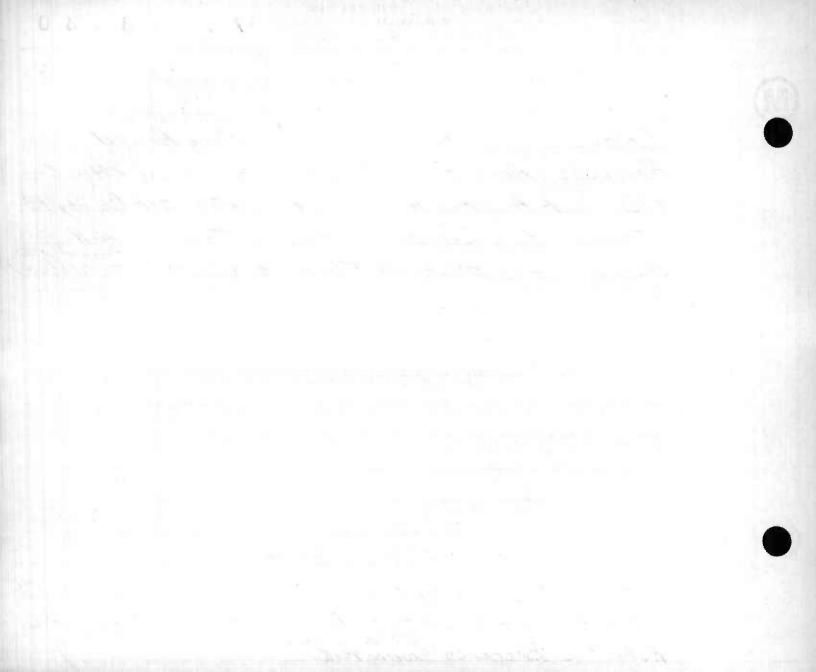
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0 g 5 g ₹ ₹-	23	BURIAL, CREMATION, REMOVAL	23b. DATE 2	NAME OF CEMETERY OR CREMATO	RY 236 LOCATION	COUNTY	STATE
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CERTIFICATION	PART 2 OTHER SIGN			NTRIBUTING TO D				200 AUTO	PSY?]201	b. IF YES, V	VERE FINDING	
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LANKFORD M.D.

23b. DATE

23c NAME OF CEMETERY OR

CITY OR TOWN COUNTY

GLEN

PHYSICIAN DIRECTOR PHYSICIAN

STATE MD.

AUG : 79 24. FUNERAL DIRECTOR

220. PHYSICIAN'S NAME (THE CHENNY

23a. BURIAL, CREMATION, REMOVAL

MEM.PK HAVEN

22e ADDRESS

BURNIE A.A.

DHMH - 16 50M 7/77 (VR A 15 (4))

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GLENBURNIE, MIDUG 2 1 1979 STNGLETON FUNERAL HOME.

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1			STATE OF MARYLAND		
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that the day the lease remained, creminal, and arother to		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE DE STUDS!	5	
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n. n. nas bee permit. ne prio	CERTIFICATION	190 DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, V IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
tySICIAN: The ding physicia physicia burial-transit Amental Hygie ar Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	ED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
3 PHYSI representation of the buring ond Mericed or Its	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDING pital ar o TOR: Afre for use as of Health	A	22a.1 certify that (1) (this hospital)	ottended the deceosed from	death occurred on the date and hour o	nd from the couses stoted
OR A DOSE Ched Ched Dept.		obove (II) we (did) (did not) vi	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	P/20/19
TO HOSPITAL or tetrained by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR PRI	22e ADDRESS	Frost Dia	0
Show with	23a.	BURIAL, CREMATION, RIMOVAL 2	36. DATE 234 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN MILLERS VILLE	DUNTY START
BP	24. F	UNERAL DIRECTOR	4-2-19 BALDWIN MEN, LE	MILLERS VILLE REC'D. BY RECISTRA	AH. MU.
DHMH-16 50M 7/77 (VR A 15 (4))	V	OHN M. TAYLOR &	Sons ANNAPORES MD. SE	1919 1919	

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William E. Johnson 8521 Loch Raven Blvd. AUG

E.

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DHMH - 16 50M 7/77 (VRA 15 (4))

Burial

24 FUNERAL DIRECTOR

REGISTRAR

. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2a. DATE OF DEATH

LAST DOSH

Lorraine Park

REG. NO

MONTH

26 HOUR

IF UNDER 24 HRS

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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Baltimore Co.

221 DATE SIGNED

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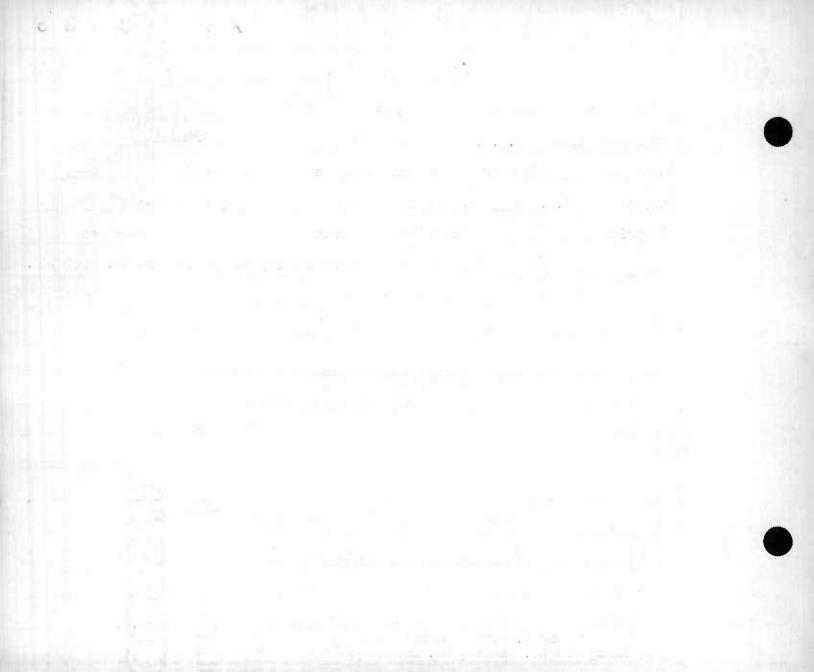
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



James S. Kirkley, Glen Burnie, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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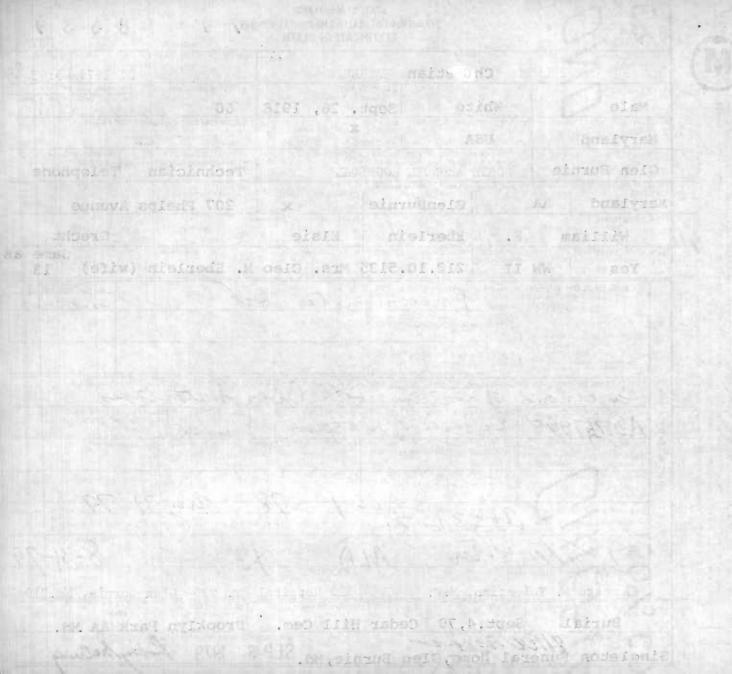
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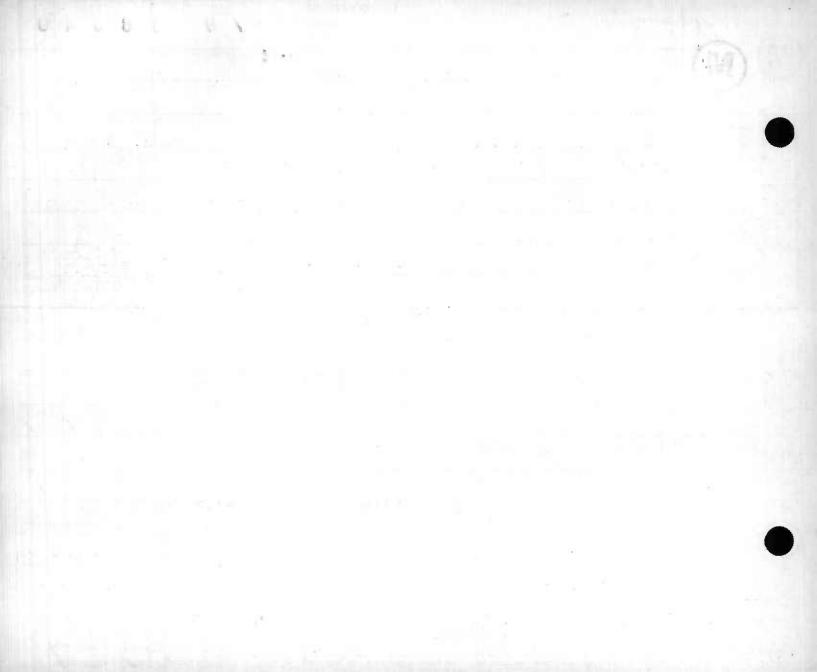
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TO FUNERAL DIRECTOR. After should be detaiched for use or with the State Dept. of Health MPORTANT If them 21 it.

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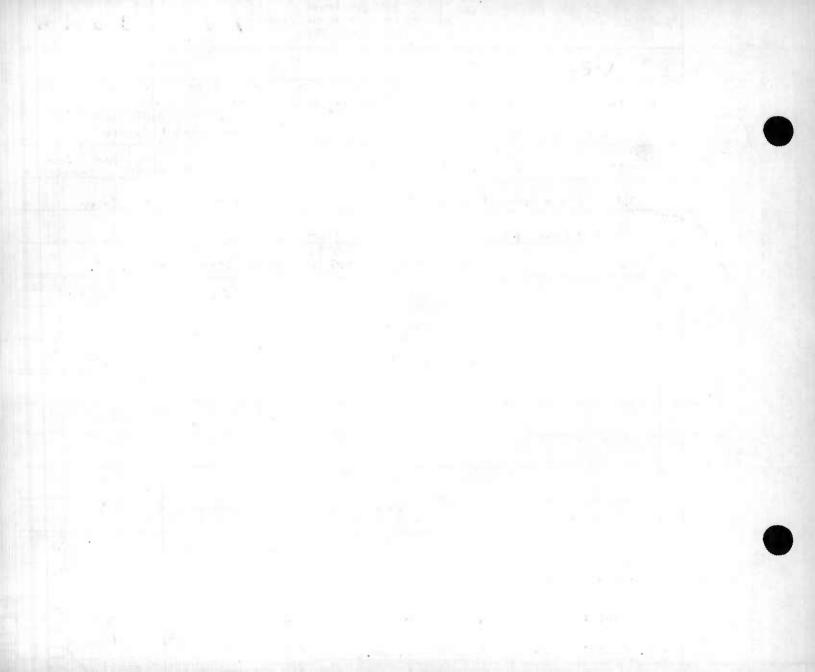
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3. SE	FW	11. 28 893 85	BIRTHDAY) MONTHS I DAYS HOURS	PRONOUNCED DEAD	4 UG-2519 79 6 AN
2512	DREIGN COUNTRY	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR WIDOWED X DIVOR	_ / /	PRUNDEL ME
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7	Mitton Sci	off Lyweth	IS. MOTHER'S MAI	DEN NAME MIDDLE	LAST .
) 160. V	WAS DESTASED EVER IN U.S. AR. (IF YES, GIVE	MED FORCES? WAR OR DATES) 2/3-36-	- marginus	K TAYLOR	#13
	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	DBY: Pilenianal	erilie (1)	18	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CATION	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH AND NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (o).	
CERTIFICATION	190. DATE OF OPERATION	196 ONDITION FOR WHICH	OPERATION WAS PERFORMED?	7	20. AUTOPSY? YES NO.
	2) EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		YEAR 9	RED (ENTER MATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHO STREET, FACTORY, FARM, ETC.)		CITY OR TOWN	COUNTY STATE
	And the supplied of the same	of the remains described above, held			in my opinion
18	ACTUAL SIGNATUR	of causes , Accident ,	Suicide	Undetermined monner,	DATE 8/1/79
2	EXAMINER NAME E	Linharot	ADDRESS	medical examiner	SIGNED 271 4
73a B	The same of the sa		- AUDICON	1100	
236.0	BUTIAL O	3-17-1979 136 NAME &	ILICIEST	Ham polis	AA M.

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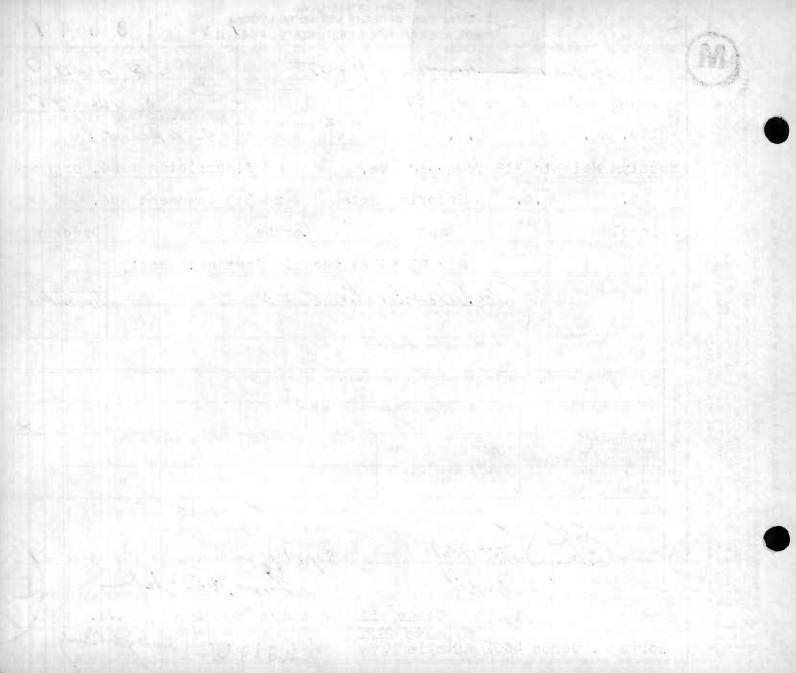
STNGLETON FUNERAL HOME, GlenBurnie, Md

(VR A 15 (4))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The law requires that the death certificate be executed within 24 haugss of ottending physician. After this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove corban papers. Pages I and 2 should be filled that deviced they greene prior to buriol, cremation, or removal.	ust be	USU/	L RESIDENCE (IF NURSING HOME OF			٧.	TREST ADDRESS	J. h.	0
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(VR A 15 (4))		Hu	ntt Funeral		orf, Md.	AUG	T 9 1919		/

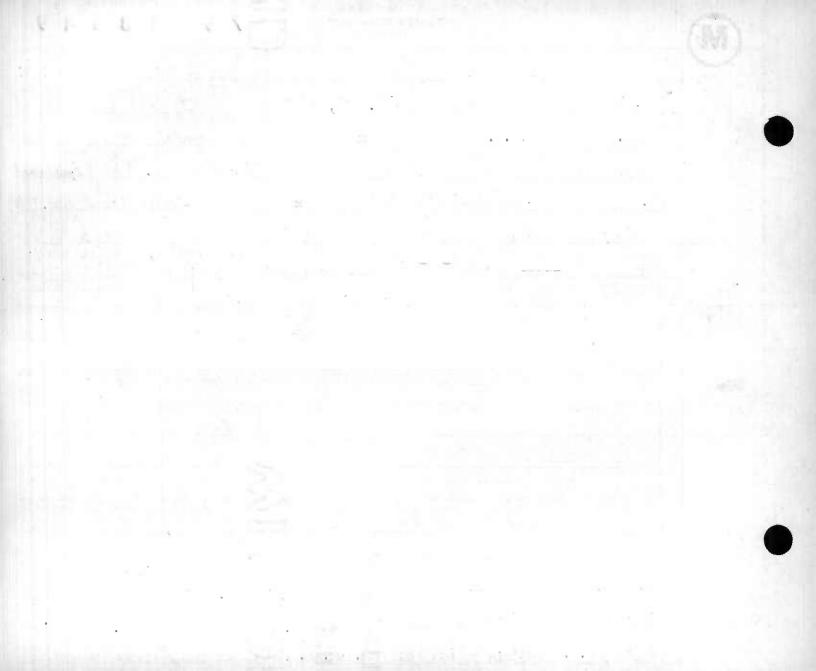
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Singleton Funeral Home, Glen Burnie, Md

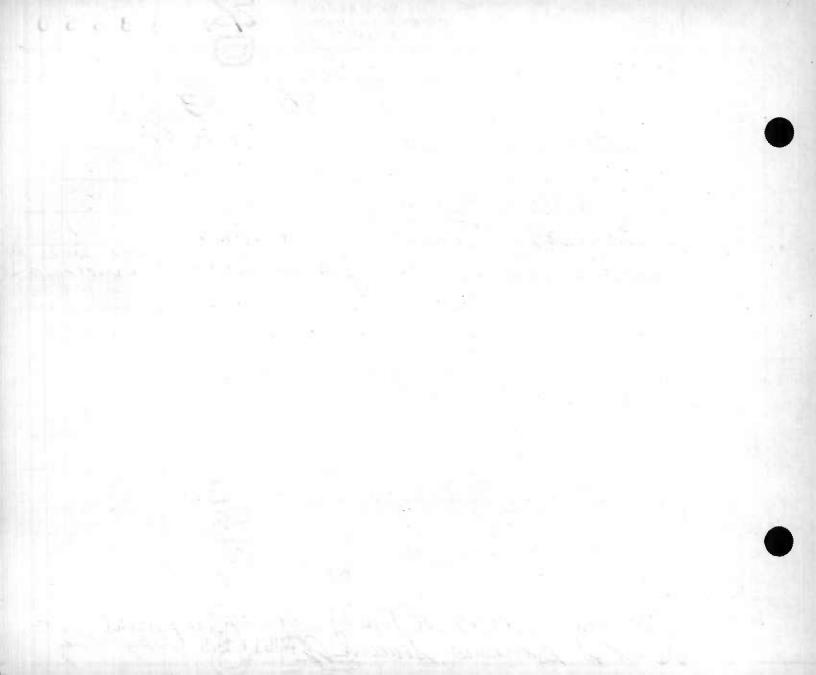
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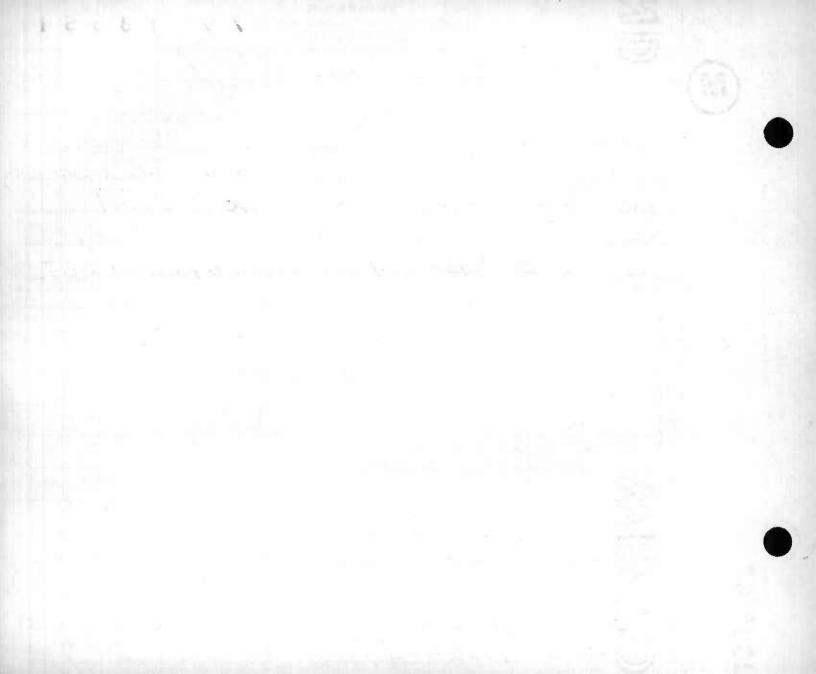


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

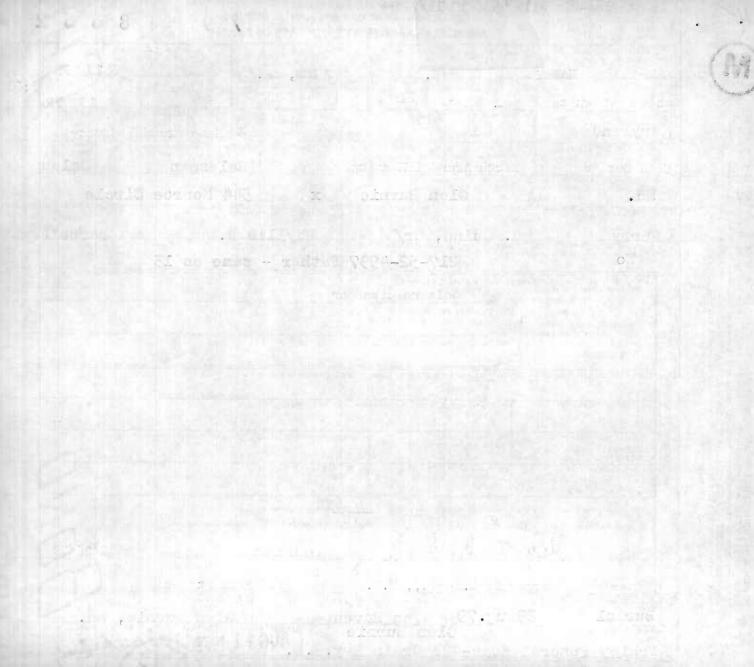
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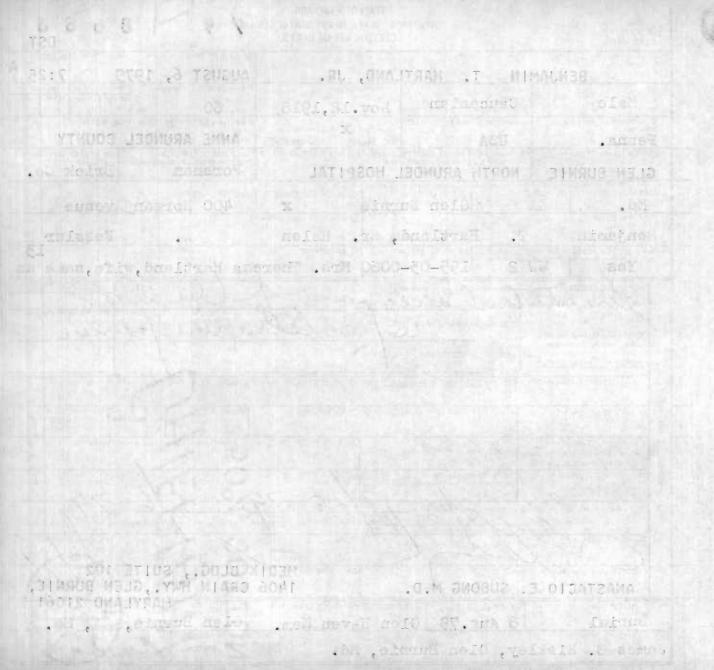
(VRA 15, 4) 7/7B



	I. DEC	EASED NAME OR PRINT)	FIRST		WIDDIE	LAST	20. DATE KNOWN OF ESTI-	
			HARRY	7	F	CHINN	DEATH MATER	8 25 1979
	3. SEX	4.	RACE	5 DATE OF BIRTH	YEAR LAST BIRTHDA	RS IF UNDER TYR. IF UN	DER 24 HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR
١	ma	le l	white	1 - 2-	1 28	S. MONTHS DATS HOOK	DEAD DEAD	8 2519 79
1		THPLACE (STA		76 CITIZEN OF WH	AT COUNTRY?	8. MARRIED NEVER M.	ARRIED 9 BALTIMORE CI	TY OR COUNTY OF DEATH
1	Ma	rylan	d	USA				indel County
	10 CIT	Y OR TOWN O	F DEATH	11. NAME OF HOS	PITAL, NURSING HOME.	OR OTHER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK 126 KIND OF BL OR INDUST
1	G1	en Burn	ie		rundel Hosp	ital	Salesman	Sale
1	USUA	RESIDENCE (#	IN NURSING HOME C	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIO	N)		
	130 31	Må.	13b. COUN	IA (Ten Burn:	ie YESX NO	544 Monro	e Circle
1	14. FA	THER'S NAME				15. MOTHER'S M.	AIDEN NAME MIDDLE	LAST
10	T	larry		E. Gui	nn Sn/			Bartel
	16a. W	AS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY	NO. 17. INFORMANT	ADDI	RESS
1	(YE	S, NO, NONKNOW	N) (IF YES, GIVE	WAR OR DATES)	217-52-49	997 Father	- same as 1	3
		18 CAUSE OF	DEATH (Enter an	ly one cause per line				APPROXIMAT BETWEEN ONSE
1		PARTIDEA	TH WAS CAUSE	D BY:	Seizure dis	sorder	E THE LUMBER W	BETWEEN ONSE
1		7803	IMMEDIA	TE CAUSE (o)	AS A CONSEQUENCE C			
1		Canditions	, if ony, which					THE RESERVE
			to immediate tating the under-		AS A CONSEQUENCE C)F		
ı		lying couse	e lost.					
1		PART 2 OTNER SIGN	ILEICANT CONDITIONS	(DNTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN	IN PART 1 (e)	
	Z							
\dashv	ATIC	19a. DATE OF C	PERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY
- 1	Ü							YES 🔀
	三							
,	ERTIF	21a. EXTERNAL	CAUSE WAS	216. TIME OF		21c. HOW INJURY OCCU	JRRED LENTER NATURE OF INJURY IN ITE	EM 18 PART 1 OR PART 2}
3	AL CERTIFI	UNDERLYING	OR	HOUR A.M	MONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED LENTER NATURE OF INJURY IN ITE	EM 18 PART 1 OR PART 2}
3	DICAL CERTIFI	UNDERLYING	OR G CAUSE OF	HOUR A.M	. MONTH DAY YEAR	21f. LOCATION	JRRED LENTER NATURE OF INJURY IN ITE	
3	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION 21d INJURY OC	OR G CAUSE OF CURRED	HOUR A.M DEATH P.M 21e. PLACE C	. MONTH DAY YEAR		JRRED LENTER NATURE OF INJURY IN ITE	EM 18 PART 1 OR PART 2}
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1 3	MEDICAL CERTIFI	UNDERLYING CONTRIBUTION 21d INJURY OF WHILE AT WORK	OR G CAUSE OF CCURRED NOT WHILE AT WORK	DEATH P.M. 216. PLACE (STREET, FACT	. MONTH DAY YEAR . 19 DE INJURY (ATHOME,	21f. LOCATION STREET		
3	MEDICAL CERTIFI	UNDERLYING CONTRIBUTION 21d INJURY OF WHILE AT WORK	OR G CAUSE OF CCURRED NOT WHILE AT WORK	DEATH P.M. 216. PLACE (STREET, FACT	. MONTH DAY YEAR . 19 . 19 . AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY
3	MEDICAL CERTIFI	UNDERLYING CONTRIBUTIN 21d INJURY OF WHILE AT WORK 220, I certify deoth resulted	OR G CAUSE OF CCURRED NOT WHILE AT WORK	HOUR A.M P.M 21e. PLACE C STREET, FACT	. MONTH DAY YEAR . 19 . 19 . AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET Autopsy Lide , Inspectide TITLE (SPECIF	city OR TOWN ection , Inquiry , Undetermined monner (county ond in my opinion ,
3	MEDICAL CERTIFI	UNDERLYING CONTRIBUTIN 21d INJURY OC WHILE AT WORK	OR G CAUSE OF CCURRED NOT WHILE AT WORK	HOUR A.M P.M 21e. PLACE C STREET, FACT	. MONTH DAY YEAR . 19 . 19 . AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET Autopsy XX, Inspicide , Homicide [city OR TOWN ection , Inquiry , Undetermined monner (COUNTY
3	MEDICAL CERTIFI	UNDERLYING CONTRIBUTIN 21d INJURY OF WHILE AT WORK 22a. I certify deoth resulted ACTUAL SIGNATURE	OR OR CAUSE OF CAUSE	DEATH P.M. 21e. PLACE C. STREET, FACT ge of the remains des	. MONTH DAY YEAR 19 DF INJURY (ATHOME, ORY, FARM, ETC.) cribed obove, held an Accident , Sui	Autopsy XX, Inspectide I, Homicide I	ection , Inquiry , , Undetermined monner (Y) Ant MEDICAL EXAMINER	county ond in my opinion ,
3	MEDICAL CERTIFI	UNDERLYING CONTRIBUTIN 21d INJURY OF WHILE AT WORK 22a. I certify deoth resulted	OR OR CAUSE OF CAUSE	DEATH P.M. 21e. PLACE C. STREET, FACT ge of the remains des	MONTH DAY YEAR 19 FINJURY (ATHOME, ORY, FARM, ETC.) cribed obove, held an Accident , Sui	Autopsy XX, Inspectide , Homicide TITLE (SPECIFMAD. ASSIST	city or town ection , Inquiry , Undetermined monner (Y) ant MEDICAL EXAMINER 11 Penn Street	county ond in my opinion ,
3	23a, 8)	UNDERLYING CONTRIBUTIN 21d INJURY OF WHILE AT WORK 22d. I certify deoth resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN URIAL, CREMAT)	CAUSE OF CAUSE OF COURRED NOT WHILE AT WORK that I took charged from: Noture Mail Mail Mail Mail Mail Mail Mail Mail	DEATH P.M Zie. PLACE C STREET, FACT ge of the remains des rol causes T.	MONTH DAY YEAR 19 FINJURY (ATHOME, ORY, FARM, ETC.) cribed obove, held an Accident , Sui	Autopsy XX, Inspected Interpretation	crity OR TOWN ection , Inquiry , Undetermined monner [Y) ant MEDICAL EXAMINER 11 Penn Street [236_LOCATION CITY OR TOWN	county ond in my opinion ,
3	23a. B)	UNDERLYING CONTRIBUTIN 21d INJURY OF WHILE AT WORK 220. I certify deoth resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN URIAL, CREMATI BULLIA	OR OR CAUSE OF CCURRED NOT WHILE AT WORK that I took charged from: Notuce of the control of the	HOUR A.M P.M Tie. PLACE C STREET, FACT ge of the remains des rol causes Tol. rgarita A.	MONTH DAY YEAR 19 FINJURY (ATHOME, ORY, FARM, ETC.) cribed obove, held an Accident , Sui Korell, M.I 23c. NAME OF CEA Glen F	Autopsy XX, Inspected In the control of the control	city OR TOWN ection , Inquiry , Undetermined monner [Y) ant MEDICAL EXAMINER 11 Penn Street [23d, LOCATION CITY OR TOWN Glen But	COUNTY and in my opinion DATE 8/26/79 SIGNED COUNTY S COUNTY S Md
	23a. Bl	UNDERLYING CONTRIBUTIN 21d INJURY OF WHILE AT WORK 22d. I certify deoth resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN PRIAL, CREMATI ENERAL DIRECT NAME	OR OR CAUSE OF COURRED NOT WHILE AT WORK that I took chorsed from: Noture I AMBE MAT ION, REMOVAL	DEATH P.M. 21e. PLACE C. STREET, FACT ge of the remains des rol causes T. rgarita A. 23b. DATE 29Aug • 7	MONTH DAY YEAR 19 DF INJURY (ATHOME, ORY, FARM, ETC.) cribed obove, held an Accident , Sui Korell, M.I 23c. NAME OF CEA	Autopsy XX, Inspicide Monicide TITLE (SPECIFMAD Assist ADDRESS 1 METERY OR CREMATORY LAVEN 1250. P	crity OR TOWN ection , Inquiry , Undetermined monner [Y) ant MEDICAL EXAMINER 11 Penn Street [236_LOCATION CITY OR TOWN	COUNTY ond in my opinion DATE 8/26/79 SIGNEY 26/79



(an)					STATE OF MARYLAND		200 org
		1-	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	REG. NO.	8 6 5 3 DST
m.s	*		CEASED NAME FIRST	WIDOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2h. HOUR
deal			BENJAN		ARTLAND, JR.		979 7:25 🛱
s ofter		3 SE	Male	Caucasian	5. DATE OF BIRTH NOV. 18, 1918	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ol dire 2 hour nce.	A-1	7a. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU		- 9 BALTIMORE CITY OR COLL	
- N	72		enna.	USA	WIDOWED DIVORCED	ANNE ARUND	EL COUNTY MD.
d within	FU		TY OR TOWN OF DEATH	LIE NOT IN SUCH FACILITY GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
2	UT		LEN BURNIE	NORTH ARUN	NDEL HOSPITAL	Foreman	Brick Co.
d sam.	25	13a. S	TATE 13b. COU	NTY 13c. CITY OF		2 130 STREET ADDRESS 400 Norma	n Avenue
iner		14 FA	THER'S NAME		15. MOTHER'S MAIDEN	NAME	
рио в	70667		enjämin	T. Harti	المرافقة والمتاكمة ماختاك فنخصف	, MIODIE	Fessler
roges	1	16a V	VAS DECEASED EVER IN U.S. AL	E WAR OR DATECT	SECURITY NO. 17, INFORMANT The	ADDRESS	13.
, e						resa Hartland	APPROXIMATE INTERVAL
se remove corbonpo cremotion, or remov other troumotic event		,	18 CAUSE OF DEATH TEMES CAUSI TAMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF SOLIL	Queline f	revelie
buriol,		z	PART 2. OTHER SIGNIFICANT	((c)CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
grene prior to shows ony inju		CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
I w	9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR 21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
Aentol		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED		19 21f, LOCATION		/
Abno		MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		CITY OR TOWN	COUNTY STATE
olth			22a I certify that (1) (this hosp	ital) attended the deceased	from 19 /	19 to X/6	2 19 / that (I) (we) last
of He			sow the deceased alive or	. (////	1111	of death accurred on the pate and	
Dept f hem			22b. SIGNATURE	111	DEGREE	G MEDICAL STAFF	The DAYE SIGNED
e Stote			22 d. PHYSICIAN'S NAME OFFE	OR PRINT)	PHYSICIAN		TE 102 // /
with the Stote	1		11//	E. SUBONG M		06 CRAIN HWY.,	GLEN BURNIE,
3 8		23a E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION MAR	YLAND 21061
			Burial	8 Aug. 79	Glen Haven Mem.	Glen Burni	es AA Md
A 7/77	361		INERAL DIRECTOR		25a. I	DATE REC'D. BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
4})		18	unës S. Kirk	ley, Glen B	urnie, Md.	UG 7 1979	ifty hake



24 FUNERAL DIRECTO LOTTING Byers Funeral Directors, P.A.

8728 Liberty Road Randallstown, Md. 21133

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

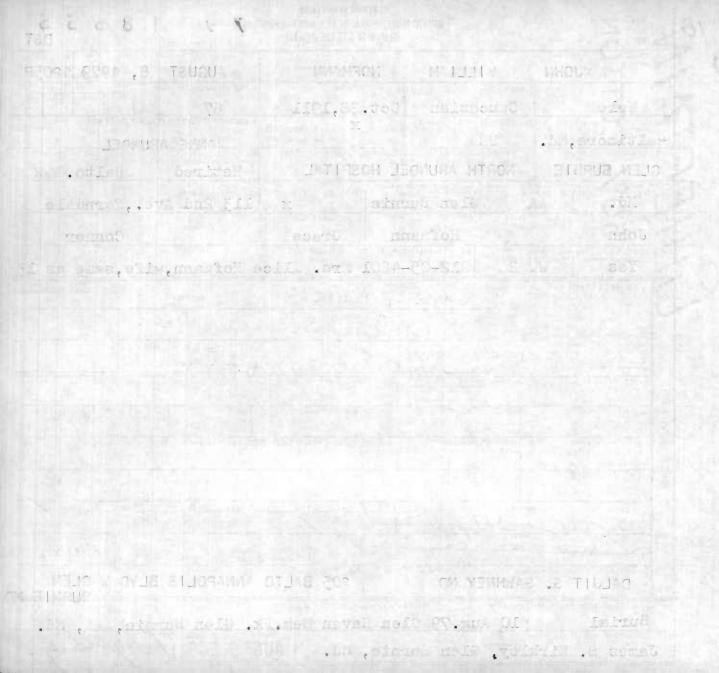
CERTIFICATE OF DEATH

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Cherry and the rest in the state of the state of 27.72 1 Tours 18 17.79 9017 Etherty sand, sepanLintern, M., 2113

RECORDS, 201 W. PRESION SI., BALLIMONE, MARYLAND 212 e low requires that the death certificate be executed within 24 hourn notes been signed by the offending physicion and completely filled in	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 CHOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page OF FURERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the time of the hindly and the time of the hindly are the hindly and the hindly and the hindly are the hindly are the hindly are the hindly are the hindly and the hindly are the hindly
RECORDS, 201 W. PRESION SI., BALLIM e low requires that the death certificate be en	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIM ING PHYSICIAN: The low requires that the death certificate be e after this certificate has been signed by the attending physician of After this certificate has been signed by the attending physician of the himself proposition of
e low requires that the root be signed by the root be root be root be root by the root by the root be root by the root be root by the root be root be root be root by the root by	DIVISION OF VITAL RECORDS, 201 W. IN THE PROPERTY OF STREET THE FORM THE PROPERTY OF STREET HIS CENTRALE HOS BEEN SIGNED BY THE PROPERTY THE PROPERTY OF THE P
	DIVISION OF VITA DING PHYSICIAN: The After this certificate is

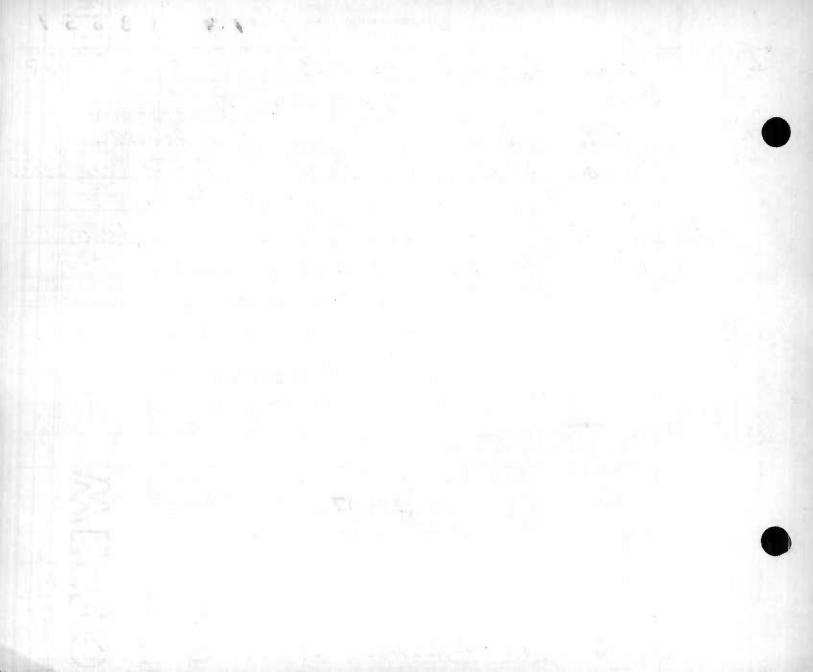
		FOR	Den a Dy	STATE OF MARYLAND	owney () I	0 4 2 2
10	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	DST
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(111)	JOHN	WILLIAM	HOFMANN	AUGUST 8	, 1979 1205P
	3. SE	x	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	Caucasian	Oct. 28,1911	67 YRS.	MONTHS DAYS HOURS MIN
700	-,0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
30		altimore, Md.	USA	WIDOWED DIVORCED	ANNE ARUI	NDEL ^
		TY OR TOWN OF DEATH		ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS C
24		LEN BURNIE		EL HOSPITAL	Retired	Balto.G&E
ust be	13a	STATE 136 COL		'N 113d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
E			A Glen Bu	rnie yes No X		Ferndale
	14. Fz	THER'S NAME	MIDDLE Hofma	15. MOTHER'S MAIDEN NA	4 WIDDIE	LAST
25/6		John				Connor
1	16a \	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G)	IZZTACI CO CAW 3V		ADDRESS	
		Yes W	W 2 212-05	-4801 Mrs. Alic	e Hofmann, wif	
even, me		18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), on ED BY:	a. Anest.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
2			TE CAUSE (0) Cara	iae niest.		
5		4149	DUE TO, OR AS A CONSEQU	ENCE OF DOCL	almie Herst	
		Conditions, if ony, which	(b) (b)	(Chal of Str.	OCCUME IT O	
		couse (o), storing the	DUE TO, OR AS A CONSEQU	ENCE OF	bless.	
		underlying couse last	(c)	Cid moss 1	+ orner	
	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	IVEN IN PART 110
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
	F					IFYING CAUSES OF DEATH?
Swows of	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	
# 7		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
07 116	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
morked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
į			nital) attended,the deceased from_	1976 19	10 8/7/	, 19 7 7 , that (1) (1) (1)
1	-		n 8 7 ot) view the body after death.	ond that in (my) (our) opinion	death occurred on the date and ha	
		22b. SIGNATURE	ot) view the bbdy after death.	DEGREE		226. DATE SIGNED
	~	00	5, 0	ATTENDING	MEDICAL STAFF	8/9/29
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN (DIRECTOR PHYSICIAN	111//.
A POK		DALJIT S.	SAWHNEY MD	205 BALTO	ANNAPOLIS BL	VD W GLEN
¥	220	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	BURNIE
	230.	Burial			CITY OR TOWN	COUNTY STATE
		JULIAL JNERAL DIRECTOR	10 Aug. 79 G	len Haven Mem. F	k Glen Burni	e AA Md.
		Tames S Kin	kley, Glen Bu	rnie. Md. AU		try Mc Bredy
	L '	omes D. WII	rrea, aren pu	TILLE, TICE	G 1 0 10/ 0	/



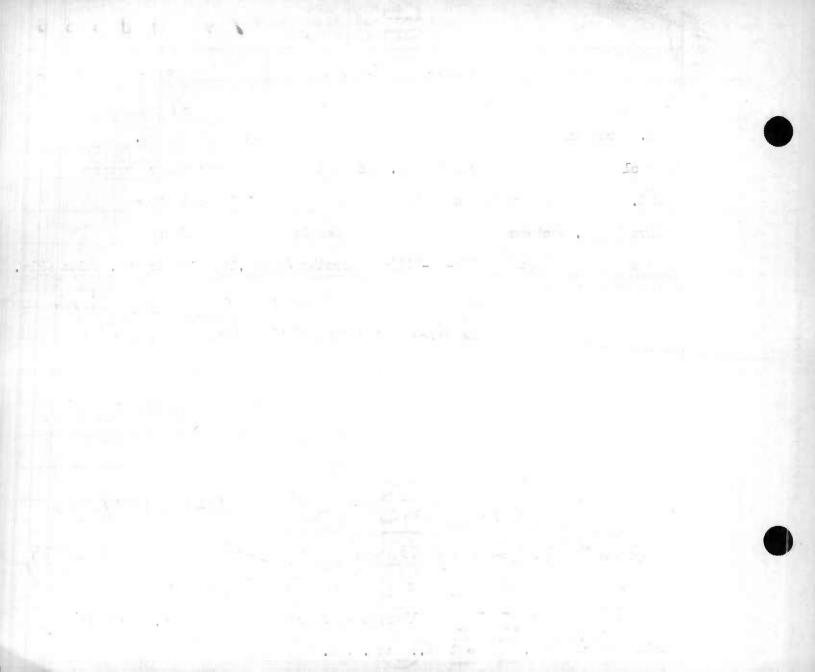
			STATE OF MARYLAND	
	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9	6 5 6
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1		CEASED NAME PE OR PRINT)	MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 76 HOOR
N/I	3. SE	Fiehr		DAY YEAR 2d. HOUR
RECORDS 301 W. PRESTOR	J. SE	X 4 RACE	MONTH DAY YEAR EAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	100/
	70 P	SIRTHPLACE (STATE OR	The CITY OF WHAT COUNTY IN THE CITY OF COUNTY	TY OF DEATH
17	and Fr	PREIGN COUNTRY)	U.S.A. WIDOWED . DIVORCED . ANNE AREUNT	11 do
15		ITY OF TOWN OF DEATH	11 NAME OF HOSPITAL NURSING HOME, OR OTHER INAUTUTION . 1174 USUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
54	19	TenBURNIE	(IF NOT IN SUCH FACESTY, GIVE STEET ADDRESS) ALOK IN HEUR (Jef. Hospito L Analyst Analyst	U.S. Gov.
3	13a.	STATE 1136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Arundel Glen Burnie 13d. IM/10E (ITY LIMITS? 13e. STREET ADDRESS 13 TOUISE Ter	race
12		ATHER'S NAME	15, MOTHER'S MAIDEN NAME	1AST .
2	OF	mos Lai	ndîs Hoover Elmira Bertha	Monteith
Ī) 16a.	WAS DECEASED EVER IN U.S. AR		- 1
			$W_{\bullet} = 2$ 199-07-0779 Jean Hoover Same as	
		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	nly one cause per limitar (a), (b), and (c).)	RETWEEN ONSET AND DEATH
			TE CAUSE (o) Carokery (calley 1 4 seems	geves
HYGIENE, D VAL.		Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
ON, OR REMOVAL		gave rise to immediate	(b)	
OR RE		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF:	The state of
O. Inchination,		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	1
	Z	TAKE E SHEEK SHOWINGAME CONSTITUTES	COMMISSION TO CEAR BUT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION SIFEN IN PART 1 (d).	
-	1 5	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
A CHANGE	2 E			YES NO.
A	CERTIFICATION	218. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	
-	AL	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION	DUNTY STATE
	2	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	UNIT
			ge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my a	pinion
			ral causes , Accident , Suicide , Hamicide , Undetermined manner ,	y
		dedin resolled lider Nobel	TITLE (SPECIFY)	1/-
		ACTUAL SIGNATURE	South M.D. De Do S. MEDICAL EXAMINER SIGN	ED 8/2/1/
			A 1 //	7
0	× -	EXAMINER'S NAME (TYPE OR PRINT)	inhaket ADDRESS forefolis file	
-	23a.	BURIAL, CREMATION, REMOVAL	22 DAYS IN SHARE OF COUNTRY OF COUNTRY OF COUNTRY	INTY STATE
		Burial	8/27/79 Cheltenham Vets. Cem Cheltenham, P.	G. Maryland
		FUNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S.	SIGNATURE /
	F	Raymond C. Fi	nk "Gien Burnie, Md. AUG 2719/9 Aug	/

FOR

(VRA 15, 4) 7/78



18	1	FOR W/Fun. Home	ne 8/28/79 rodepartment of CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	8 6 5 8
poge 3		ECEASED NAME FIRST	MIDDLE ELSIE	Soc Ke all	2a DATE OF DEATH MONTH DATE	Y YEAR 25. HOUR
for, pog	3 5	EX		OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR IF UNDER 24 HRS
arm. Poge erol direc 72 hours	7e.	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) So. Carolina		D NEVER MARRIED	1 BALTIMORE CITY OR COUNTY CO	
by the fune filed within	1	enapolis	11. NAME OF HOSPITAL, NURSING HOME		12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor No	12b. KIND OF BUSINESS OR INDUSTRY
filled in ould be	US 13a	JAL RESIDENCE (# NURSING HOME C STATE 136 COU Md. Anne	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION INTY 136. CITY OR TOWN B Arundel Annapolis	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1204 West Stree	
omplete ond 2	1	Alva W. Jan	Pantall	Bessie	MIDDLE	Priice
be executed on and comp s. Pages 1 an	16a	WAS DECEASED EVER IN U.S. A JYES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? ILL SOCIAL SECURITY NO 220-56-1113	Dorothy Jon	es ,1108 Toledo A	70, Tulsa Okla
equires that the death certificate k is signed by the attending physicia Then please remove carbonpapers to burial, cremation, or removal. injury, or other troumatic event, the	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BU	Jery and	ursym	Y IN PART I (a)
The law re- icion. Ite has been ssit permit T gjene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		YES NO YES	
TTENDING PHYSICIAN pure or ottending physical or ottending physical CTOR. After this certification are as the buriol-tron of Health and Mental Hy.	MEDICAL CE	saw the deceased allow a above, (I) we dide (did a	ATH HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN 10 77-4 death accurred on the date and hour c	county state of the courses stated
TO HOSPITAL Conditioned by the hose TO FUNERAL DIRECT Should be detached with the State Dept.	23 a	MA PHYSICIAN'S NAME (TYPE, GOVGE BURIAL, CREMALIGN, REMOVA ISPECEBLUTIA	L 23b PATES TO 23c NAME OF	ATTENDING PHYSICIAN (23d. LOCATION CITY OR TOWN	POLIS MY.
BP DHMH-16 20M (VRA 15, 4) 7/78	24	FUNERAL DIRECTOR	me 1212 West St. Ann		E REC'D. BY REGISTRAR 256, REGISTRA	ryland



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

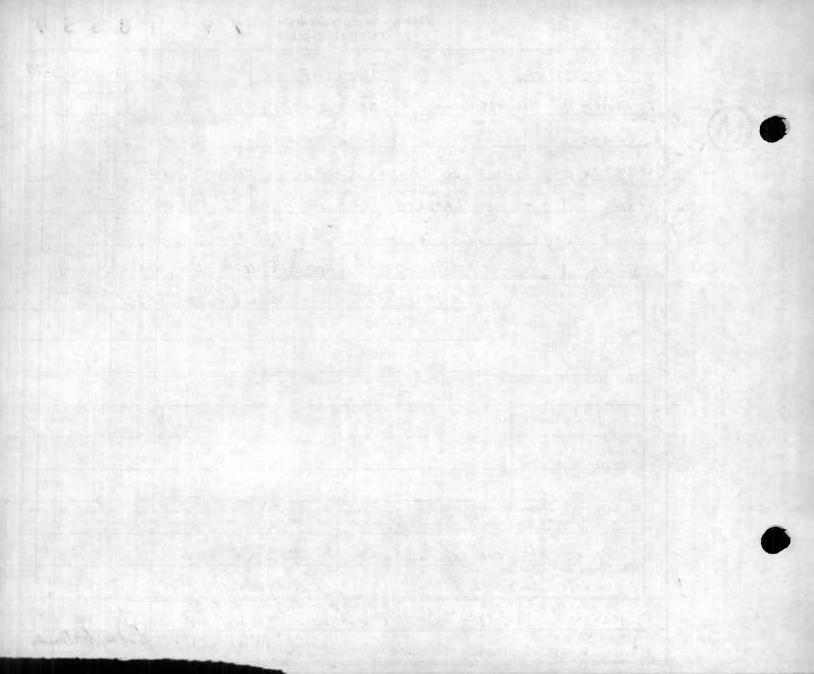
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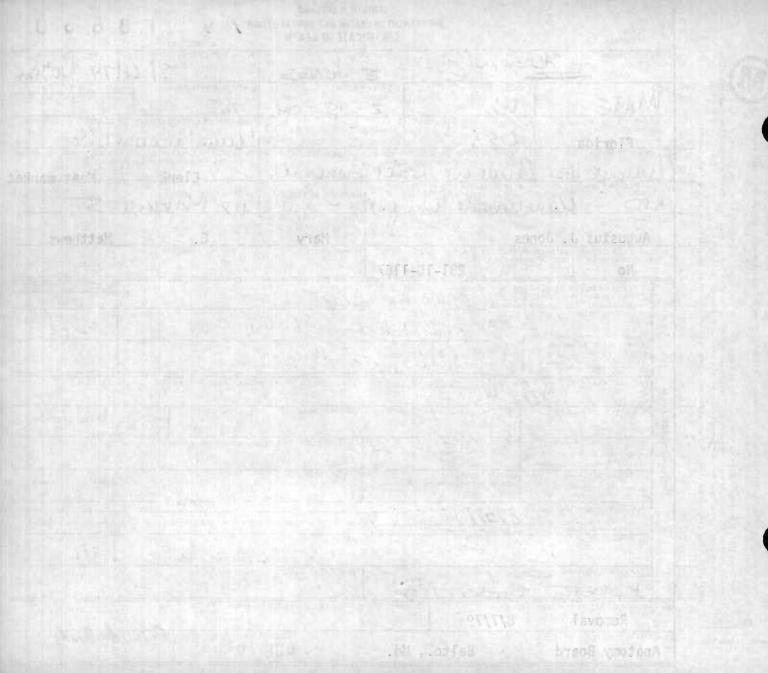
	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		185	5 9
		CEASED NAME FIRST OR PRINT) ADELINE	MIDDLE	JOLLIFF	REG. NO	MONTH DAY Y	719 5:4
	3 SEX		CAUCASIAN	5. DATE OF BIRTH JAN 2 1899	6 AGE (IN YEARS LAST BIRTI	MONTHS	YEAR IF UNDER
14	1 0	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORECITY O	R COUNTY OF DEA	тн
91	10 CI	TY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIN	WORKING LIFE) INDE	IND OF BUSINE
gC/)	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS?	130 STREET ADDRESS 5. EUTA		nen
1/2°	14 FA	THERSAME	MATORTE	15 MOTHER'S MAIDEN NA.		Tu	rasine
Sedical e	160 W	VAS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES IMPOCIAL SECULAR OR DATES) 439-10-3		ADDRE	SS HILLS DR	N. ARWO
ar ather trauma		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	INAL DISEASE OR CONC	DITION GIVEN IN PA	ART 1(p
s any injury,	FICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE F	
m 18 shows any injury, o	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING CA	NO [
ar Item	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURY 19 211. LOCATION	YES NO	IN CERTIFYING CA YES Y IN ITEM 18, PART 1 OR PA	AUSES OF DEATI NO
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DHMH - 16 60M 1/75

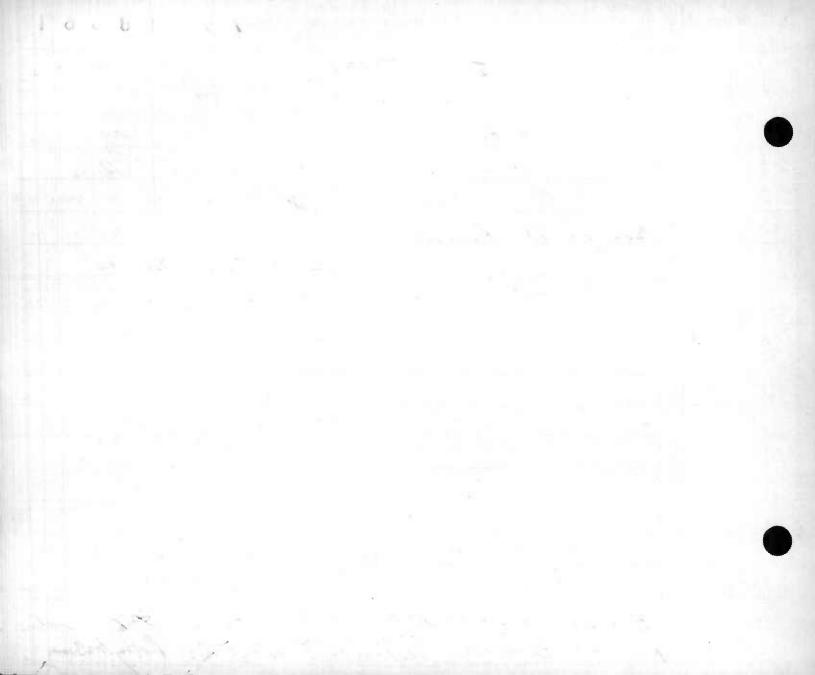
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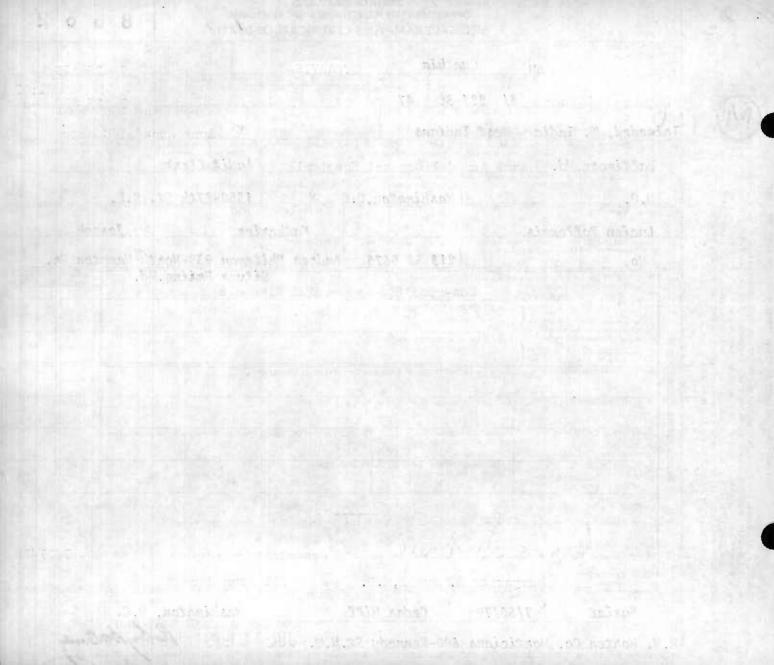




FOR



1.0	FOR STATE REGISTRAR ECEASED NAME	FIRST	MEDI	CAL EXAMIN			DEATH	REG. NO.	B & 6	2 YEAR 126, HO
	PE OR PRINT)	DARVI 4 RACE	S. Cyr	rthia	AULTE ARS IF UNDER 1 YR	IF UNDER 24	DEATH HRS. 2c. DATE	MATED MOI	7 25 19	100
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3		ore.Md.	TIF NOT IN SUCH FACIL	TAL, NURSING HOME ITY, GIVE STREET ADDRESS) Idel Gener RESIDENCE REFORE ADMISSI	al Hospit	12	FOR MOST OF WORK Audit CL		OR IN	OF BUSINESS DUSTRY
130. 3	D.C.	Mr CONV	4TY	13c. CITY OR TOWN Washingto	n. D. C. YES IX	NO	1550-27t		E.	
0/		Pollona DEVER IN U.S. AR		LAST		HER'S MAIDEN FIRST Katheri	MI	ADDRESS	Joseph	
	YES, NO, OR UNKNO		: WAR OR DATES)	213 58 96		/	emon 939		lampton	Dr.
	gove ris	ns, if ony, which se to immediate stoting the under-	(b)							
2	lying cau	se last.	(c)	S A CONSEQUENCE OF THE TERM		TION GIVEN IN PART 1	(0).			
IFICATION	lying cau	Se last. GNIFICANT CONDITIONS	(c)		IINAL OISEASE OR CONOIT		(o).		20. AUTO	
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		tem 16b, G534 8, FOR STATE REGISTRAR	/10/79	bal DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		3 6 6 3	C.T.
00		CEASED NAME FIRST OR PRINT) JOSE		CASSIMER	L	I PER	REG. NO. 20. DATE OF DEATH MONTH AUGUST 5, 197	D S DAY YEAR 26 HOUR 2 : 30	
oge 4 irrecto ours off	3 SE	MALE	WHITE		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	IF UNDER LYEAR IF UNDER 24	MIN
ofter death. P the funeral d within 72 ha	M	aryland	U.S.	HOSPITAL, NURSIN	WIDOWE	OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	COUNTY 126, KIND OF BUSINESS	MI
tilled in by the	USU	LEN BURNIE AL RESIDENCE (IF NURSING HOME OR OTTATE 136 COUN	OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	Merchant Seal	man	
ed within 2 mpletely fill and 2 shov examiner m	-	Md. A. THER'S NAME FIRST homas	A. CO.	Riviera Kiper	. Bch	YES NO K NO THER'S MAIDEN NAMED NAM		Wegne'r	
be execution and ca		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	AED FORCES? WAR OR DATES)	086-12-		17. INFORMANT Anna Drzew	ADDRESS viecki same as	13 e	
that the death certificate dby the attending physical lease remove carban paper iol, cremation, or removal. or other traumatic event, the		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, O	POTO RAPCINO RAS A CONSEQUE	EMI OMA	PROSTATE	<u>â</u> ,	APPROXIMATE INTERVA BETWEEN ONSET AND DE	CAUD
vw requires been signe mut. Then p prior ta bur	CERTIFICATION	PART 2 OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	IN CERTIF	EN IN PART 1(6) WERE FINDINGS USED YING CAUSES OF DEATH' NO NO	1?
YYSICIAN: The loding physicion. Is certificate has burial-transit per Memol Hygiene. Memol Hygiene.	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.	OF INJURY M. MONTH DA M. OF INJURY	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, P		
DING Ph or otten After th se os the calth and marked	MEC	WHILE NOT WHILE AT WORK 220-I certify that (I) (this haspite	(AT HOME, ST	REET, FACTORY, OFFICE, F		STREET . 19.	CITY OR TOWN	county state	
TAL OR ATTEN y the haspital ARL DIRECTOR detached for u rate Dept. of He		saw the deceased alive an obove, (I) (we) (did) (did not 27b. SIGNATURE	Xa	ofter death		DEGREE ATTENDING PHYSICIAN	death occurred on the date and hou MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED	?.
TO HOSPITAL OF retained by the TO FUNERAL DI should be detach with the State De IMPORTANT; If it	230. [728. PHYSICIAN'S NAME (TYPEOR VICTOR SALAN	1A, M.	. 23c N		GLEN BURNI EMETERY OR CREMATORY	23d. LOCATION	1061	E
BP DHMH- 16 50M 7/77 (VR A 15 (4))	24. F	OFFICIAL DIRECTOR (1001 F NAME POOR J. Gono	8/8/ Ritchie e Fune	e Howv	Balt	Hill Cem to 21225 250 DATI AUG	Brooklyn E REC'D. BY REGISTRAR 256. REGIST	A.A. Co. I	Md

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attending physician and coave carbon papers. Pages

death certificate be

8	1 -	FOR - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEY CERTIFICATE OF DEATH REG. NO.						6 4 DST
		CEASED NAME FIRE		NMN		GERMAN	AUGUST		979	26. HOUR A
		Female		asian		3,1894 YEAR	6. AGE IN YEARS LAST BIR	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS
77	É	IRTHPLACE ISTATE OR FOREIGH OUNTRY) STONIA	US		WIDOWE		9 BALTIMORE CITY S	UNDEL	COUNT	· · ·
54	G	ITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	SPITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housev	F WORKING L		Home
33	13a. S	Md.	OME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFOR 134 CITY OR TOW Glen Bu	rnie	136. INSIDE CITY LIMITS? YES A NO	6 First	Ave.	S.W.	
21	14. FA	John	MIDDLE	Kalli	.t	15 MOTHER'S MAIDEN NA/ FIRST	N/A		LA	ST
1	16a V (1	vas deceased ever in u. yes, no or unknown) (if yi NO	S. ARMED FORCES? es, GIVE WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	Linda K. W	agner, dau	200	r,same	e as 13
		PART I. DEATH WAS C	DUE TO OF	(lelilo Villa FAOOVIII					APPROX.	IRAST PITEVAL ORDST AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNIFIC	4		RIBUTING TO DEATH BUT NOT RELATED TO THE TERMI			MINAL DISEASE OR CONDITION GIVEN		
9	RTIFIC	21a. ACCIDENT WAS UNDERLYI	NG 21b. TIME O	E INTUINITY		Tal. How billion occurs	YES NO	YI	FYING CAUSES	NO [
7	MEDICAL CE	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK	OF DEATH HOUR A. MINER) P.I. 21e. PLACE ((AT HOME, STR	M. MONTH D M. DF INJURY EET, FACTORY, OFFICE,	AY YEAR 19 FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	5 7/1	county	STATE
		22a.1 certify that (1) (this sow the deceased ali abave, (1) (we) (did) (a 22b. SIGNATURE	V	19		d that in (my) (our) opinion of	depth occurred on the c	100		that (I) (we) lost couses stated

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical examiner must be rapified at ance TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remane counts the State Dept's of Health and Mental Hygiene prior to burial, cremation, TO HOSPITAL OR ATTENDING PHYSICIAN: The BP DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Jämes

230. BURIAL, CREMATION, REMOVAL (SPECEY)
Cremation 23b. DATE

S. Kirkley, Glen Burnie, Md.

S.

CENAP

DORKAN M.D. GL 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CHYOR TOWN CATONSVIlle

COUNTY

MARYLAND

STATE

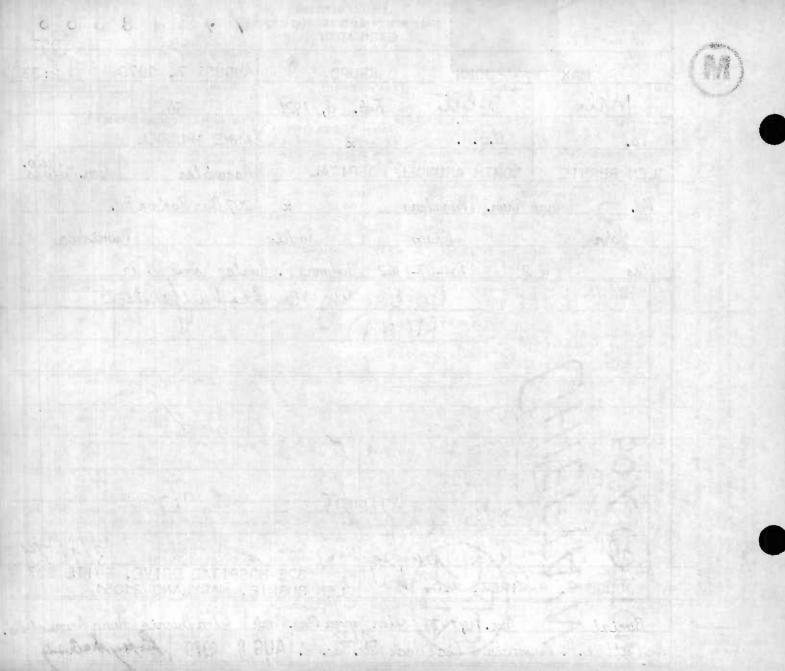
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	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 9	1856	6
(I DE	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO	AONTH DAY YEAR	DST 2b HOUR
2 (M)		OR PRINT)	JOHN	KRUPO	AUGUST 7.	The second second second	2.77
you the	3 SE	MAX ×	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 HI
4		Male	White	Feb. 6. 1921	58	YRS MONTHS DAYS	HOURS MI
nerol #11 72 ion	70 BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OF	COUNTY OF DEATH	
s after d by the fu iled with	1	EN BURNIE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDE		120 USUAL OCCUPATIO	ON 12b. KIND O	F BUSINESS Auto Notors
filled in fauld be f famust be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOI NTY 136 CITY OR TOVE Arun. Pasadenu	VN 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 207 Ban Hai		
mpletely and 2 sh	14. FA	THER'S NAME	MIDDLE Krupo	15. MOTHER'S MAIDEN NA Sodie		Pronish	i In
n and co Pages 1	(VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECTION (1807) 181–07–	12/2 1111 61	lunleu same	SS	
equires that the death ceinsigned by the attending. Then please remove carbot burial, cremation, or niury, or other traumatics.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO CONDITIONS CONTRIBUTING TO	AD .	MINAL DISEASE OR COND	ITION GIVEN IN PART 10	2)
ne law re an. has been permit. T ene priar	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	284 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED OF DEATH?
HYSICIAN: The dang physicic is certificate bural-transit Mental Hygin or frem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINED	P.M. 21e PLACE OF INJURY	19 21f. LOCATION	RED (ENTER NATURE OF INJURY		
ATENDING Prospital or after actions as the for use actions are actions.	ME	white at work	(AT HOME, STREET, FACTORY, OFFICE,	, and that in (my) (our) opinion	death accurred on the do	79	
O HOSPITAL OR etained by the he TO FUNERAL DIRE should be defacthed with the State Dep	-	21% PHYSICIAN'S NAME ONE	rye 10 / Can	use MA ATTENDING PHYSICIAN	MEDICAL STAF	AN 8/1	179
O S D F &		JORGE B. R.	AMIREZ, M.D.		E, MARYLAN		
retain TO Fi shoul	23a 5	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP	(Burial	Aug. 10, 1979	Glen Haven Mem. Pan	k Glen Bur	nie Anno An	undal
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	untain & Tick Ne	ck Rds. Pas. Md. AU	TE REC'D. BY REGISTRAR	Sh REGISTRAR'S SIGNAT	URE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR 1979 8:00A IF UNDER 24 HRS IF UNDER 1 YEAR DAVS HOURS 12h. KIND OF BUSINESS OR INDUSTRY . Westinghouse 6648 Whitmore Ct. B-143 LAST Hovle Same as #13 Husband APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I COUNTY STATE

22c. DATE SIGNED

STATE

Md

REG NO

COUNTY Glen Burnie

DHMH-16 20M (VRA 15, 4) 7/7B

FOR

REGISTRAR

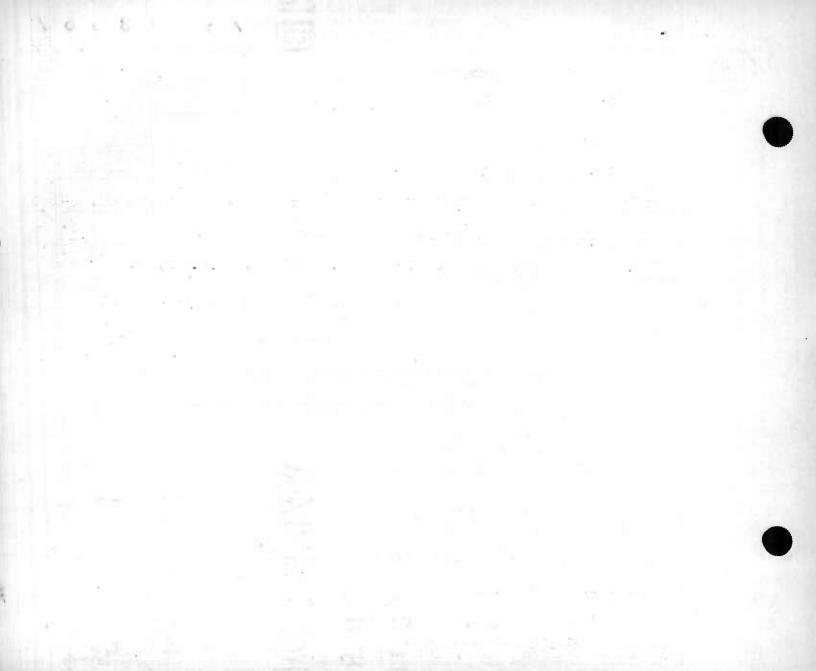
- STATE

Singleton

Burial

24 FUNERAL DIRECTOR Funeral Home, Glen Burnie, Md.

250. DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE



7	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgieny 9 reg. no.	18668
(M)	{TY!	ECEASED NAME FIRST DE OR PRINT) MANUEL FIRST MANUEL FIRST	Ethylw	Lomuth.	8	, , , , , , , , , , , , , , , , , , ,
9	3. S	Female	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS HOURS MIN.
death P	5	SIRTHPLACE (STATE OR FOREIGN COUNTRY) LITY OR TOWN OF DEATH	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED HOME OR OTHER INSTITUTION	HNNE	Arundel. MD.
1201 Durs ofter in by the filed with	30	ARNO CO	(IF NOT IN SUCH FACULTY, GIVE STREET A	DDRESS)	120 USUAL OCCUPATION (TYPE OF WORKFORMOST OF W	
rland 212 hin 24 hour sly filled in should be to	E 13a	STATE 136 COUNT	A. Hrnol		13e. STREET ADDRESS	roft Ct.
BALTIMORE, MARYLAND 2120 core be executed within 24 hours systican and completely filled in by apers. Pages 1 and 2 should be fill wol. it, the medical examiner must be no	20	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 1166 SOCIAL SECUR	Mary	ADDRESS	Watson
attiMORE, e be executed to the property of the medical	-	(YES, NO OR LINKNOWN) (IF YES, GIVE W	218-/2-1	1885 Iris E.S.	pes Sec.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
: 4 400 5		PART I. DEATH WAS CAUSED		Kis of mal	igNANCY	BETWEEN ONSET AND DEATH
201 W. PRESTON ST es that the death certi ned by the ottending p please remove carbon urial, cremotion, or ren v. or ather traumatic ev.	F	Conditions, if any, which gave rise to immediate	DUE TO, OR AS ALCONSEQUEN	5 their		
5, 201 W. ires that the gened by the please or please reburial, cre-		cause (a), stating the underlying cause lost	DUE TO, OR AS A PONSEOUE	Hiple My	elom A	ION GIVEN IN PART LOS
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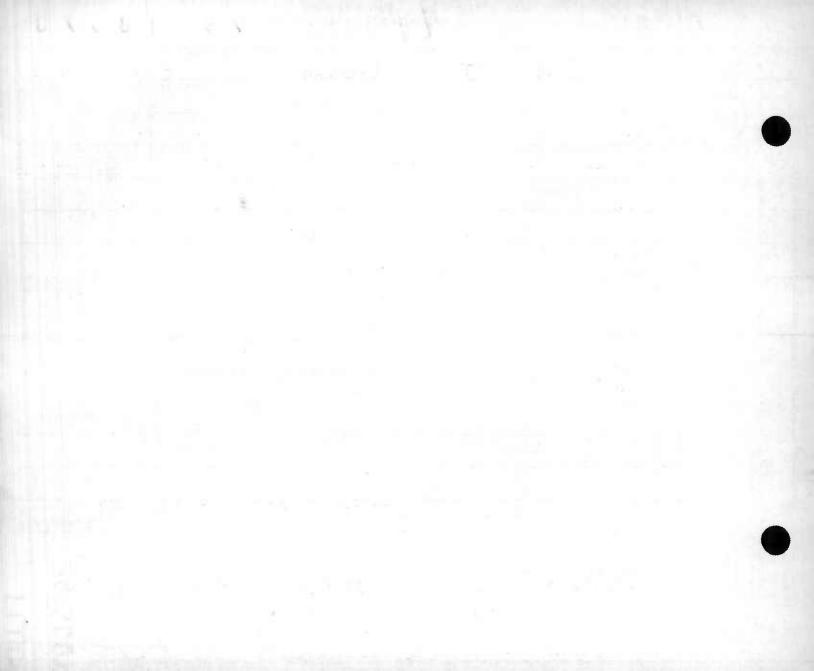
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE*

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TO HOSPITAL

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ATTENDING Spital of Med for use of her use the man of t		22a. I certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	0 0 1	19.73,0	nd that in (my) (our) apir DEGREE		n the date and hou	or and from the co	
PITAL OR by the I EERAL DIS se detoch Stote De		22d. PHYSICIAN'S NAME (TYPE O	rounthana_	W.D.	ATTENDIN PHYSICIAL 22e. ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN (Th. Date 3	GNED
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stort	230	NIBONTH Y	VIRAVATITA		CROWNS V			CROWNS	VUE, ME
ВР	.30.	BURIAL	9-12-1979		EMETERY	Dru	WN	Maryl	and.
DHMH - 16 60M 7/73 {VR A 15 (4)}		UNERAL DIRECTOR NAME LLIAM REFSE & S	Ang SONS MORTUARY	P.A.	Md. 25a.	SFP1 3 19		TRAR'S SIGNATU	

STATE OF MARYLAND

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requires that the death certificate be executed within 24 haurs ofter death. Page

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

			STATE OF MAXILAND							
V	1.	FOR - STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	8 6 55m				
		CEASED NAME PRINT) WAR		ess y	26 DATE OF DEATH MONTH	19/79				
	3. SE	řem Ale		OF BIRTH H DAY / ROCK	A AGE (IN YEARS LAST BRITHDIAY) # INFORM YEAR PENNIER 7221					
Lun	70 B		CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	HALTIMORE CITY OR COUNTY OF BEATH					
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E CO	16a V	Teremich WAS DECEASED EVER IN U.S. ARME YES, NODPUNKNOWN) (IF YES, GIVE W	ED FORCES? 166. SOCIAL SECURITY NO.	Catherine 17. INFORMANT	ADDRESS .	Figan				
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huo smor	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED	20a. AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO				
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rked or II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
21 is mo	r	220 I certify that (I) (this last sale)	19 AUGUST 10 79	AUGUST, 19 79 and that in (my) (and opinion	death occurred an the date and	hour and from the causes stated				
ZT. # Rem	1	obove, (I) (world) (did not in 22/r.siGNATURE	, Ofilar Son	-	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DAJE SIGNED 8/20/79				
APORTAL		274. PHYSICIANYS NAME ITYPE OR PI	7. Rich Mado	220 ADDRESS 1 104 Fo	Rbes Sta	est Awarp				
≦	23a. I	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATIONS SITY OR TOWN RICHARD RI	county G Mel.				
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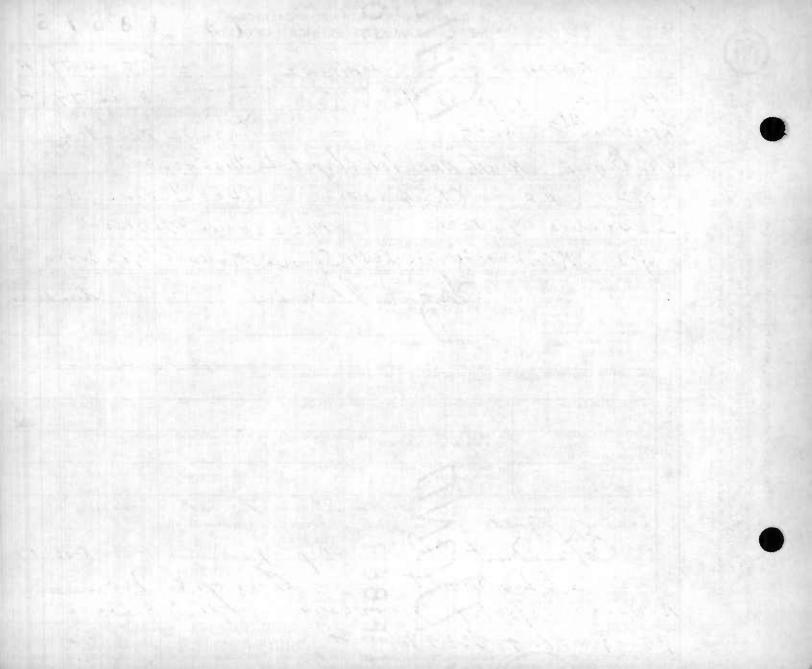
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TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or ottending physicion.

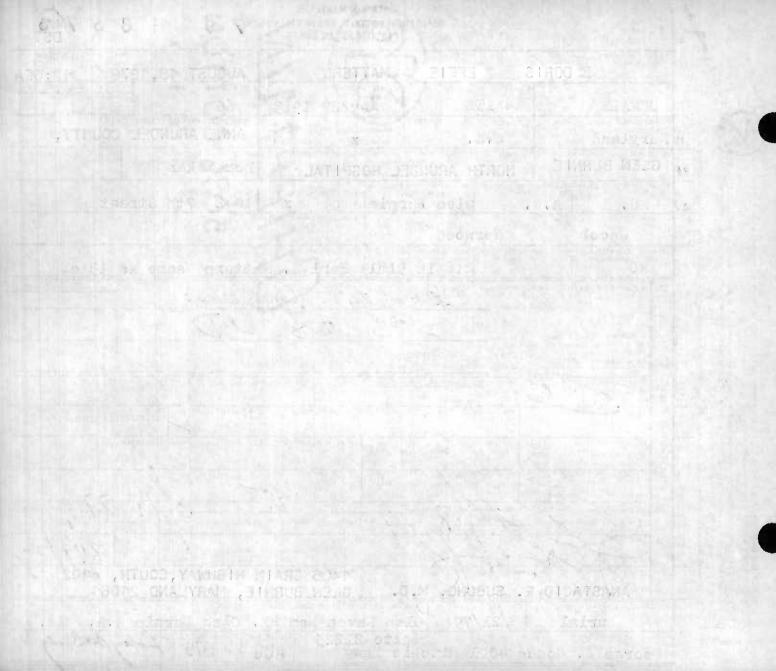
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN HOUR (TYPE OR PRINT) ESTI- 4 DEATH MATED KATHAN & AGE (IN YEARS 2d. HOUR DATE PRONOUNCED BIRTHDAY) DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED KIND OF BUSINESS OR INDUSTRY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK SABCED 166. SOCIAL SECURITY NO 10-36-265 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for A (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19s DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Autopsy Inspection Inquiry 22a. I certify that I took charge of the remains described above, held an and in my apinian Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 5-26-79 EXAMINER'S NAME TYPE OR PRINT) RIAL, CREMATION, REMOVAL 25a. DATE REC'D. BY REGISTRAR DHMH - 17 (VR A15 ME (5)) 15M7/76



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after farmers at a managed by the house the continuous physician.	TO FUNERAL DIRECTOR. After this carrificate has been uponed by the ottending physicion and completely filled in by the very director, is though the disturbed for use an the humo from a perior form please remove corbonopers. Pages 1 and 2 should be filled with a complete being the State Dept of Health and Mental Hygers prior to buried, cremation, or removal.	WPORTANT If them 21 is manned or them 18 shows any many, or other traumatic event, the medical Examines must be fastified for acce.	2
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7	G	eorge J. Gon	ce 4001 Ritch	alto 21225 So. DA ie Hgwy AU	G 2 0 1979	y Metriody													



	1			STATE OF MARYLAND					
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3 1		NOUNEY	TKIMHIHL C	110KEC	-PE	+ TOWA	21/08	LD	

234 NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 60M 1/75 (VR A 15 (4))

23a BURIAL CREMATION, REMOVAL

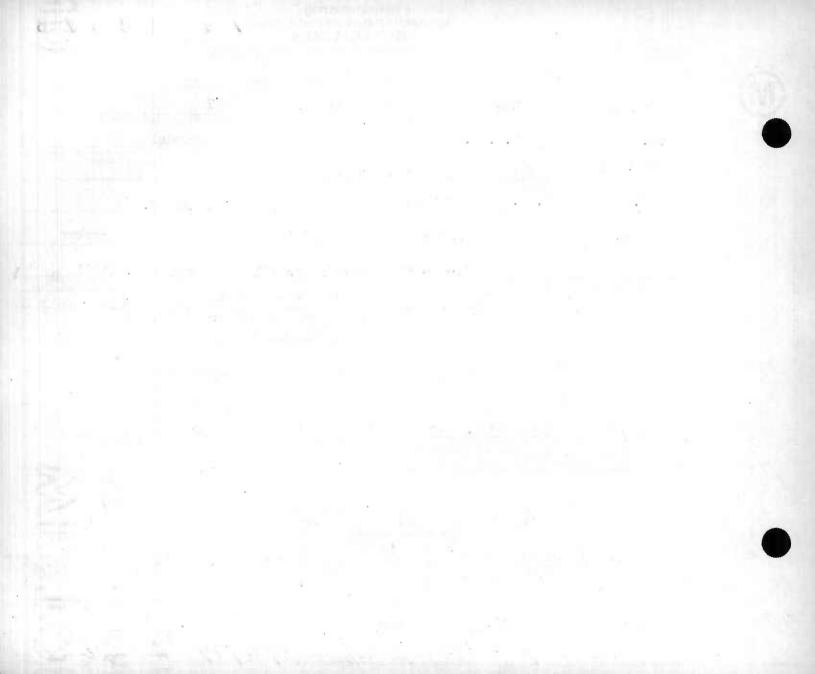
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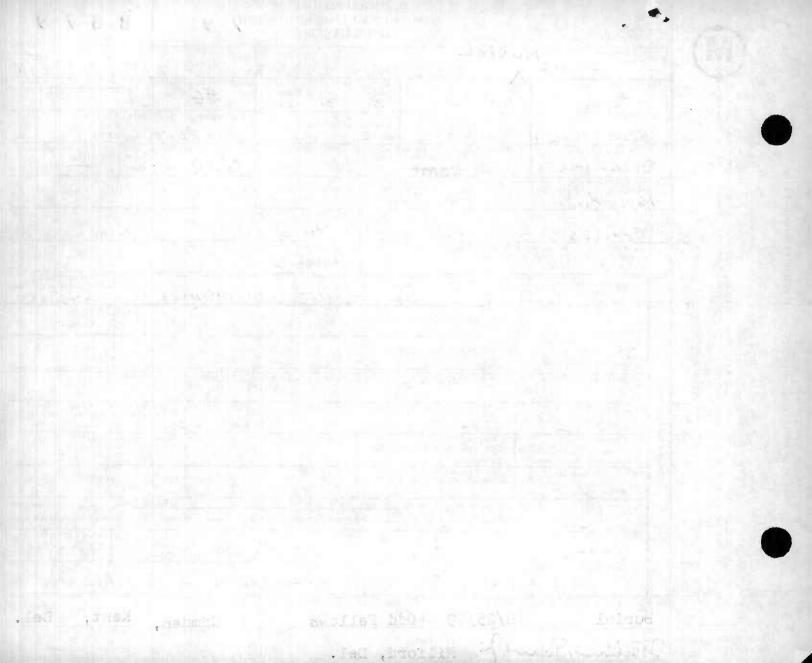
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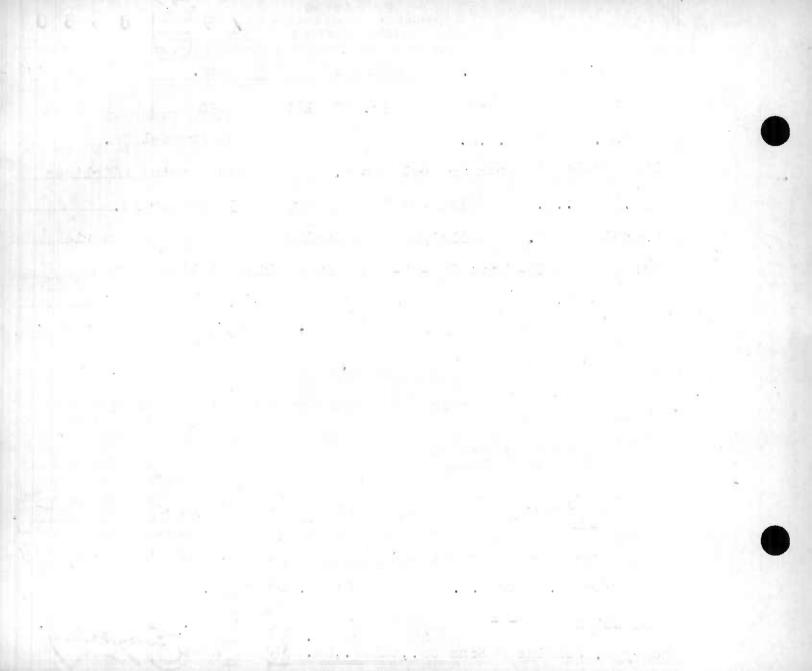
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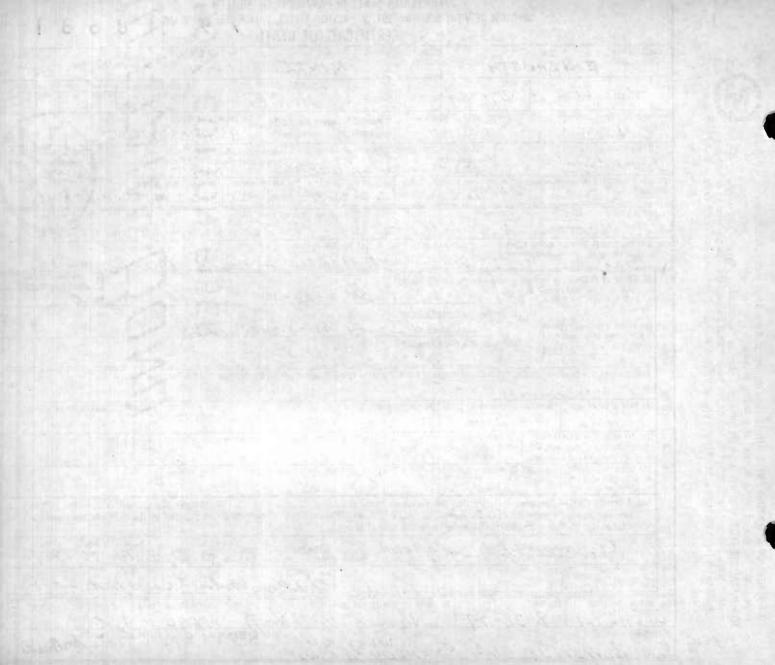


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r, po	1	3 SE.	× D	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MIN			
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nero nn 72	notified at or		BEOUL / COREN	M.S.A.	WIDOWED DIVORCED	// //	ourt-1			
with t		10 C	TY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS			
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ond C			CHARLES		ST YOUNG	Soon MIDDLE	Kim			
5		160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT	ADDRESS				
and		(,	(IF YES, GI	IVE WAR OR DATES)	HUSBOND					
5.	4	-					APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT			
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RAL det tote	7		Howle	Mark		MEDICAL STAFF DIRECTOR PHYSICIAN	0/22/2)			
JNE J be he S	N N		22d. PHYSICIAN'S NAME TYPE)	22e ADDRESS	1	6.0			
should be deto	MPORTAN		SPWI	ATKINS	121 CATHE	san &c. ANNADLI	5 MD 21401			
- to 3 :	≤	23a E	SURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY STATE			
		1	Burial	8/25/79	Odd Fellows	Camden	Kent, Del			
4 · 16 50M 1/76		24. FL	INERAL DIRECTOR	O A ADDR	25a D	ATE REC'D. BY REGISTRAR 258. REGIS				
5 (4))		U	Illiam /70		ford, Del. A	UG 2 3 1979	try Accresdy			





		DIVISION OF VITAL RECORDS	301 W. PREST	PARTMENT OF HE ON STREET, BALTIN E OF DEATH		8 6 8 1		
	(CEASED-NAME First Ype or print) ビルノスA	HINTZ		20. DATE OF DEATH ALL G Month 26 Day/979Year 1224				
3. SE)	FEMALE	4. RACE WHITE	S. D.	11-11-51	6. AGE (In years lost birthday)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN		
7o, B caunt	IRTHPLACE (State or foreign try) /4/550m/	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		COUNTY OF DEATH ANNE ARUND	EL "		
1	TY OR TOWN OF DEATH AUREL, MD.	11. NAME OF HOSPITAL OR IN give street address)	EN LAUR	during mos	OCCUPATION (Kind of work do t of working life, even if retire	ine 12b. KIND OF BUSINESS OR INDUSTRY		
13a. I odmis	USUAL RESIDENCE (Where deceased sisten) STATE D.C.	d lived of institution: Residence befare	WASHING	N 13d. INSIDE CITY LIMIT	TS? 13e. STREET AND NUMBER			
14. FA	ATHER'S NAME First MORTON	Middle Last A. M.N.		THER'S MAIDEN NAME Firs				
160. Ye	WAS DECEASED EVER IN U.S. ARME				Addres	s		
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	one cause per line far (a), (b), and (c) BY: E CAUSE (o) RESPIRA DUE TO, OR AS A CONSEQUENCE OF	TORY A			APPROXIMATE INTERVAL BETWEEN OMSET AND ORATH		
FICATION	MCNGON	ITIONS CONTRIBUTING TO DEATH BUT NO SEMENTION FOR WHICH OPERATION WAS PERFORMED AND NE		TERMINAL DISEASE OR CON 00. AUTOPSY? YES NO NO		SS CONSIDERED IN CERTIFYING		
EDICAL	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exomine	r) HOUR A.M. Month Day Yeor	9 /	JURY OCCURRED (Enter n	oture of injury in Port 1 or Port	2, Item 18.)		
	21d. INJURY OCCURRED While 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State at work of work 12 of work 13 of work 14 (this haspital) attended the deceased fram 19 79, and that in (my) (our) apinian deoth accurred on the dote and hour and fram the causes stated abave, (th) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED 22c. D							
	22d. PHYSICIAN'S NAME (Type) Janet BURIAL CREMATION. 23b, DA	W. Neslen, M.	D. MPH	Childrens (Center Lavier	My 26,1979 Ind 20810		
A. F.	REMOVAL (Specify) A TOMICAL Superify UNERAL DIRECTOR	-28-79 Ha	CEMETERY OR CREM	wir Hosex	23d. LOCATION (City or Town) A S 14 REDISTRAR 10 2564 REGISTRA	(County) (State)		
54	m Bustre Z	We 600 KENNO	WASH,	DATE DATE	Tr 14/9 //	intry Mc Cready		



	1.	FOR STATE REGISTRAR	DE		ALTH AND MENTAL HYG		185	8 2
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be 3		Elmek	? THOMAS	MONTO	gomeky		8 10 79	7 4:53 "
4	3 SE	X	1 RACE	5 DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAY	IN HOURS MIN
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e d h		aryland	U.S.A.	WIDOWED	DIVORCED	PI. A.	00	MD.
her d	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OF	OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR	OF BUSINESS OR
1201	b	AL RESIDENCE (IF NURSING HOME OF	Knollwood	MAN	OR	shipping	clerk Hea	avy Equi
in 24 ho y filled should!	7	STATE 136 COUI		Burnie	13d INSIDE CITY LIMITS? YES NO [304 Co	Redral f	٦.
MARYI ompletel	V			gomery	Elizabet		Carr	nine
TIMORE be executed to a property of the proper		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) I (IF YES. GIV		01-9425	Coudie XIII	WELLSON PL	Severna	BIK Md
It W. PRESTON ST., BA		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause to stafing the underlying cause last.	TE CAUSE (a)	ardio Rusequence of tu	stati Co	Arrest uncer of		Oximate interval In Onset and Death
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ALRECORDS the low requi thos been sig thermit. Ther thermit Ther transport to be the prior to be the	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
I OF VITA I GLAN: T g physici ertificate riol-tronsi tem 18 sh	9	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART 2	
DIVISION ING PHYSI T offer this cost the burn th and Mee	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
TTEND pital or TOR. A for use of Heal		22a certify that (1) (this hasp saw the deceased alive on obove, (1) (did) (did no	to the	1979 .000	that in (my) (our) opinion of	death occurred an the do	ote and hour and from the	e, that (I) (we) last he couses stated
the hor to check the DiRE to Check to Depth of the T		22b. SIGNATURE	1 (leo		ATTENDING PHYSICIAN	DIRECTOR PHYSIC	F _ 0_	10-79
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5 £ ₹ ₹ 3 ₹ —	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)		100000000000000000000000000000000000000	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 60M 1/75	124	NAME	Fink GTe	n Burnie	25a. MAT	16.19.1979	bridges	Oscorly

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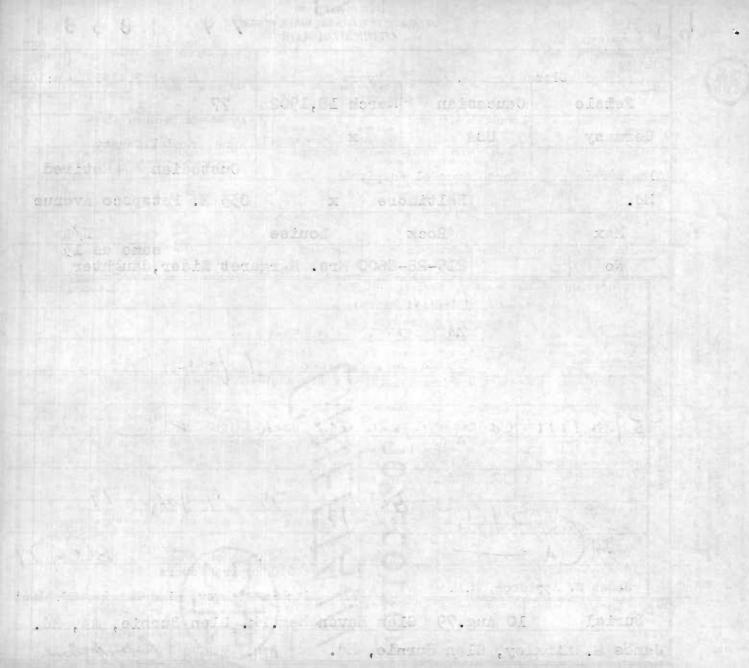
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SSARY, PLEASE AL DIRECTOR. R YOUR FHES HIN Z	3. SE M	ale	White	5. DATE OF BIRTH	T OOO LAST	(IN YEARS IF U BIRTHDAY) MON		FUNDER 24 H	RS. 2c. DATE PRONOUNCE DEAD	D MONTH	DAY	YEAR 2d. HOUR
FCESSAR UNERAL D FOR YO WITHIN	70. B	IRTHPLACE (S	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	I a	RIED NEVE	R MARRIED (9. BALTIMOR	E CITY OR COU		TH /°
Z = 2 > -		ew You		U.S		WIDOV				ne Aru		MD.
PAGE 5 FILED, 301 W.		len Bu		11. NAME OF HOS	SPITAL, NURSING LILITY, INC. STREET ADI NETLEY	$\overset{HOME,OROTI}{ROad}$	HER INSTITUTION	ON 120.	USUAL OCCUPAT FOR MOST OF WORKING TIVET-ST	ion (Type of work	Truc	of BUSINESS DUSTRY CKing
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2, A 3, F SHR		ATHER'S NAMI		. д.	leren p	UL IIIE		S MAIDEN N		rrea vo	Jau	
BALTIMORE, MD. 21201 RS AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND WITH FORM PM 3. RE'T PAGES 1 AND 2 SHOUL OVISION OF VITAL RECO		eorge		Frank	Morri	s	Sar	T	A MIDDLE		WOO	d s
MORE, TER DE PAGE FORM SS 1 AN	16a. \	WAS DECEASE	DEVER IN U.S. AF	RMED FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORMA		A	DDRESS		
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SION OF VIT. RTIFICATE SH G THE WORE TO THE CA SHOULD BE UPARTMENT OF ARTMENT OF THE OTHER THE O	MEDICAL CERT	UNDERLYING CONTRIBUTI	NG CAUSE OF	DEATH P.N	MONTH DAY	YEAR		CCURRED IEN	ITER NATURE OF INJURY	IN ITEM 18 PART 1 OR		
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PA P	0	URIAL, CREMA SPECIFY) remati	TION,REMOVAL	8/8/79		iew Cre	R CREMATOR		LOCATION CITY OF TOWN Baltimore	cc	Md Md	STATE
BP		UNERAL DIREC					25	o. DATE REC'D		Sh. BEGISTRAR'S	SMINATURE	
(VR A15 ME (5)) 30M 7/73	R	aymond	d C. Fi	nk Ĝle	n Burni	e, Md.		AUG	6 19/9	historial	77.000	-dy

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James S. Kirkley, Glen Burnie, Md.

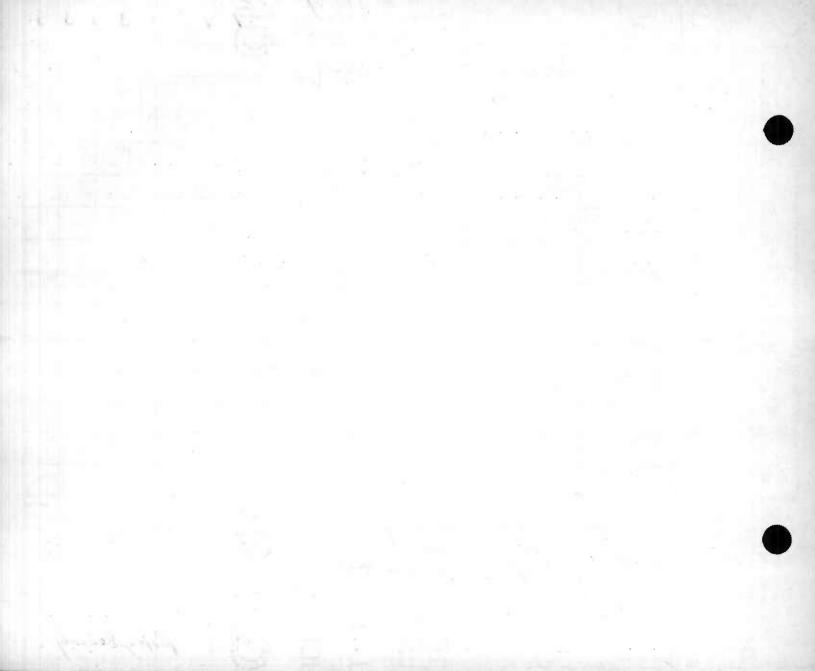
FOR

(VRA 15 (4))



MARYLAND 21201	
TON ST., BALTIMORE, I	
CORDS, 201 W. PRESTO	
DIVISION OF VITAL RE	

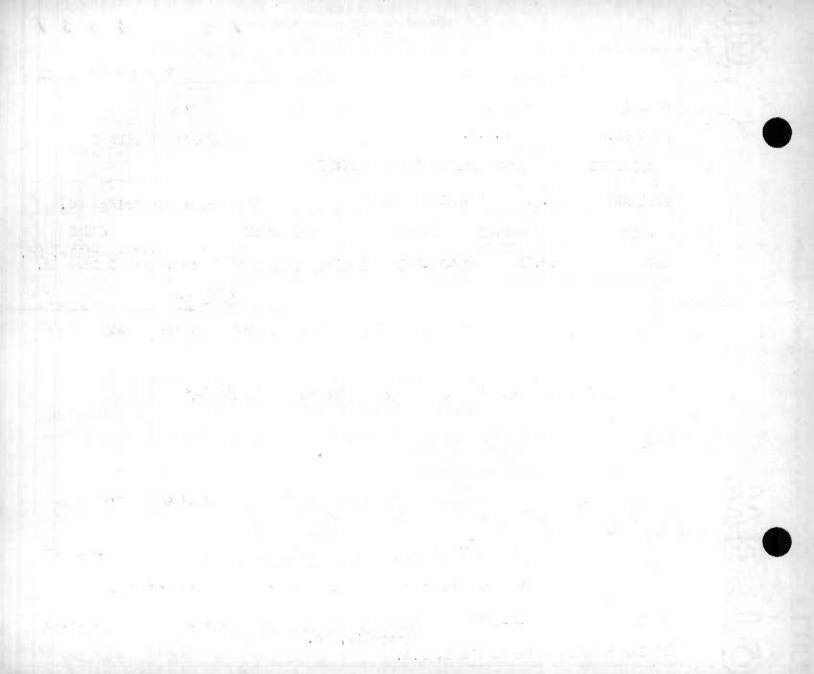
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(V)	1	FOR - STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO		6 8	5
2.4		CEASED NAME FIRST	ucy R	PADDY		8 1 19		.00A
(4	3 SE	x Female	Cauc.	DATE OF BIRTH 2 1935	6 AGE (IN YEARS LAST BIRTH 44	MONTHS YRS	DAYS HOURS	R 24 HRS
at once		IRTHPLACE (STATE OR FOREIGN VOLTOLK Va.	I II. D. A	MARRIED TO NEVER MARRIED WIDOWED DIVORCED	Anne Arund	COUNTY OF DE	ATH	MD.
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should be	M	STATE 136 ACO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	YES NOX	13 BUXET 1908 SSS C)wensvill	e Sodle	y Rd.
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ewont, the medical	160	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURI 217-30-68		ADDRES Paddy S ame	as 13e	APPROXIMATE INTE	
Then please remove carb to burial, cremation, ari injury, or ather traumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE	CE OF	AINAL DISEASE OR COND	DITION GIVEN IN P	PART 1(o)	
shaws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFÖRMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES [FINDINGS USE AUSES OF DEA NO	TH?
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markedor	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR		CITY OR TOW	N COU	YTM	STATE
of He		sow the deceased alive of above, (1)	pital) attended the deceased from	, and that in (my) (see opinion	death occurred on the do		rom the couses s	
State Dept		226 SIGNATURE	allini	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	B/1/7	7
should be de with the Stati		22d PHYSICIAN'S NAME (TYPE	WATS IN	S 220 ADDRESS				
		Burial, Crémation, remova ^{(spe} Burial	8-4-79 Lai	ME OF CEMETERY OR CREMATORY Kemont		ville coun		TATE
1-16 20M 5, 4) 7/7B		UNERAL DIRECTOR I. MA. Hardesty	Annapo 12 Ridgle	lis Md. 21401 AUG	0 3 1979	15h BEGISTRAR'S S	MGNATURE	
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	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 6 8 6
	(TYP)	CEASED NAME FIRST OR PRINT) KATHE		ADGETT	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR!
oge 4 mo	3 SE	FEMALE	CAUCASIAN	5 DATE OF BIRTH MONTH DAY YEAR O O O O O O O O O O O O O	70 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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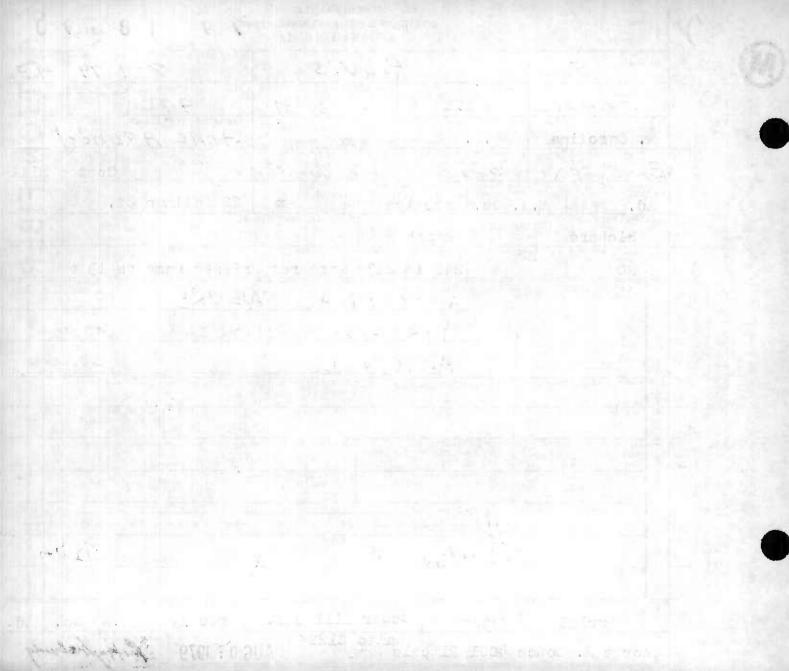
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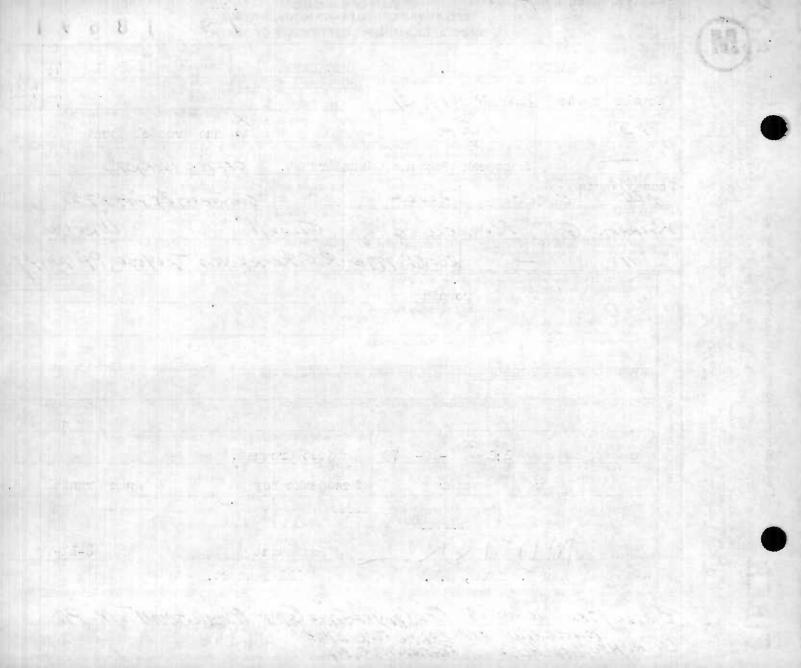
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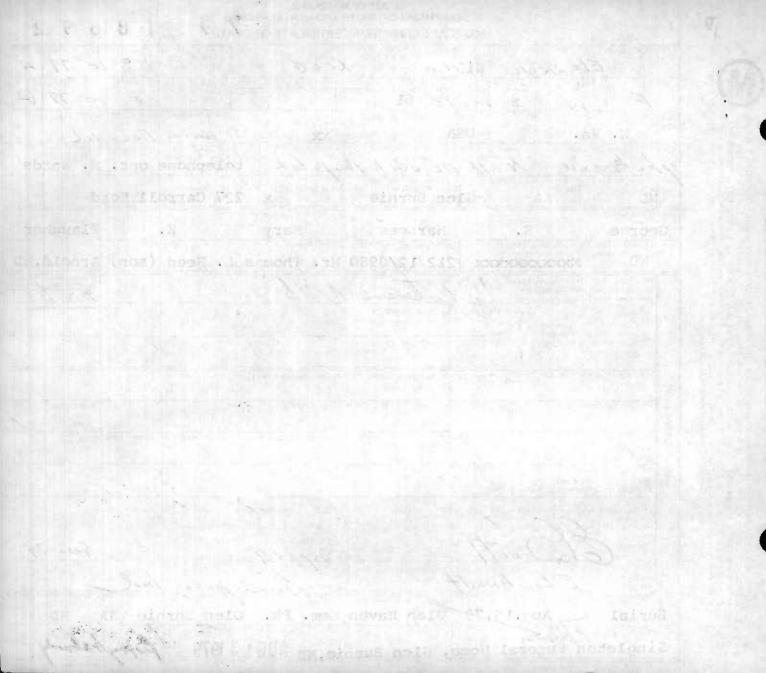
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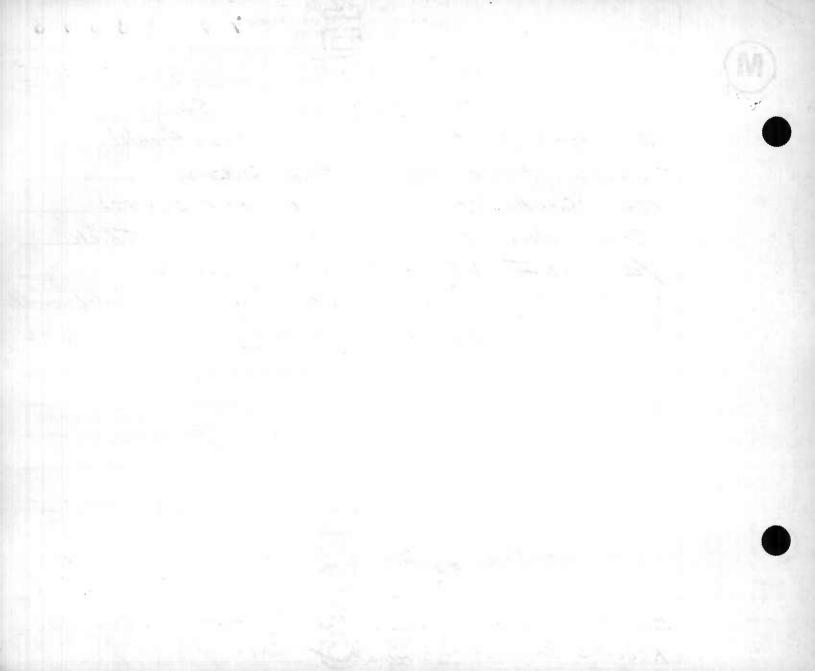
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	ACTUAL SIGNATURE_	MA	0)1	1Cx		Assist		CALEXAMINER	DATE	8-11-	-79
	EXAMINER'S	NAME Ann N	1. Dixon,	M.D.			Penn S				
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	NAME	1019 00. 1	ACOROS	- CARMY	O FEELER	40.000	ANTH:	7 14/4	Report	my Mach	Autor







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2n DATE OF DEATH MONTH YEAR 7h HOUR MARION RIDEN AUGUST 4. & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SELF-EMPLOYED HARDWARE 13e. STREET ADDRESS 946 PUTUXENT ROAD MIDDLE FINKLE M. 17. INFORMANT 944 PUTUXENPPREROAD, ODENTON, MD. MR. DONALD RIDEN (NEPHEW) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

> HOSPITAL DRIVE. SUITE 103 BURNIE. MARYLAND 21061

23a. BURIAL CREMATION, REMOVAL 236. DATE AUG . 79 BURIAL

24 FUNERAL DIRECTOR

FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

(TYPE OR PRINT)

231. NAME OF CEMETERY OR CREMATORY

FUNERAL HOME, GLEN BURNIE

ROCK CREEK CEM.

23d, LOCATION CITY OR TOWN

STATE

22c. DATE SIGNED

WASHINGTON, D.C. 250. DATE REC'D. BY REGISTRAR 256. WEG ISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VRA 15(4))

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325 HOSPITAL ORIVE, SHITE 103	
כובא פוכיוד, שנמינואה פוסבי	RECER CROL, M.D.

Funeral Home, 1212 West St. Anna.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER 1 YEAR

INDUSTRY

COUNTY

CSC DATE REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE

Md.

22c. DATE SIGNED

DAYS

IF UNDER 24 HRS

HOURS

12b. KIND OF BUSINESS OR

LAST

Keller

APPROXIMATE INTERVAL

STATE

CERTIFICATE OF DEATH

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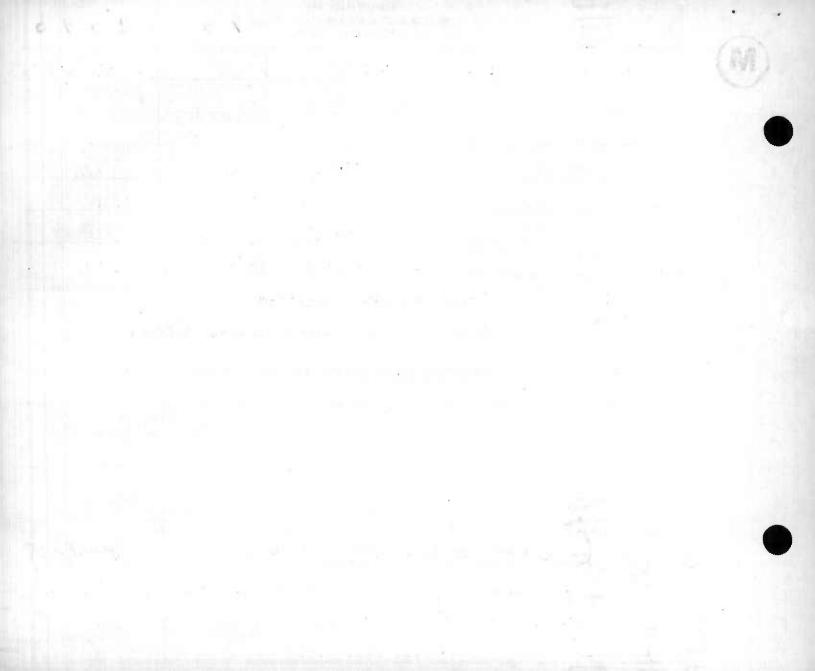
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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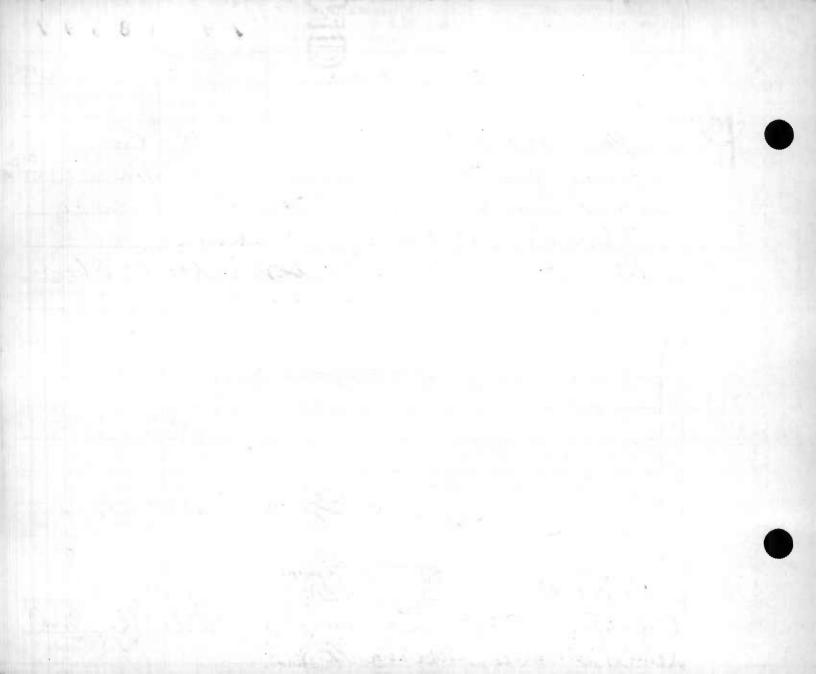
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



DHMH - 16 50M 7/77

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- STATE

REGISTRAR

22c. DATE SIGNED HOSPITAL DRIVE, SUITE 201 len Burnie Anne Arunde Glen Haven Mem. ully F.H. Mtn. & Tick Neck Rds. : Pasadena. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2h HOUR

IF LINDER 24 HRS

NO [

STATE

COUNTY

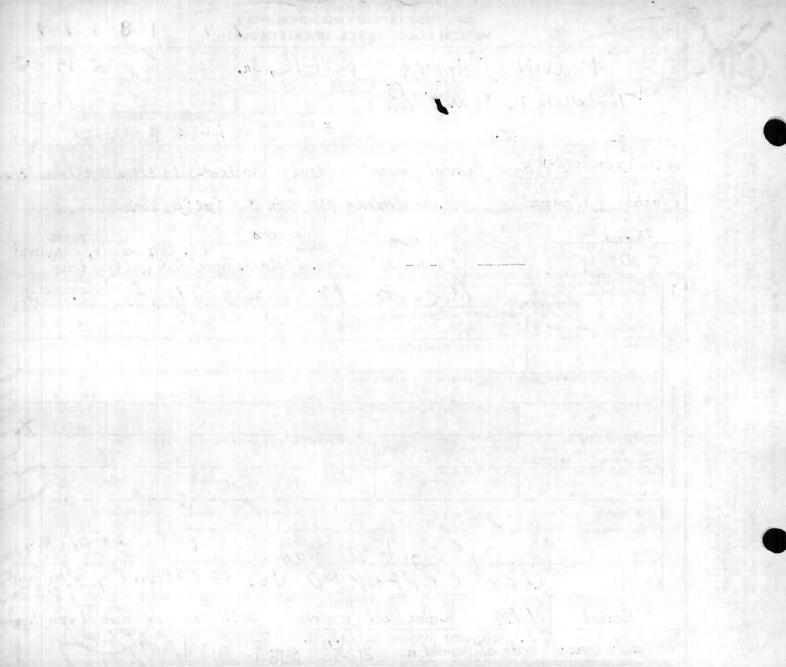
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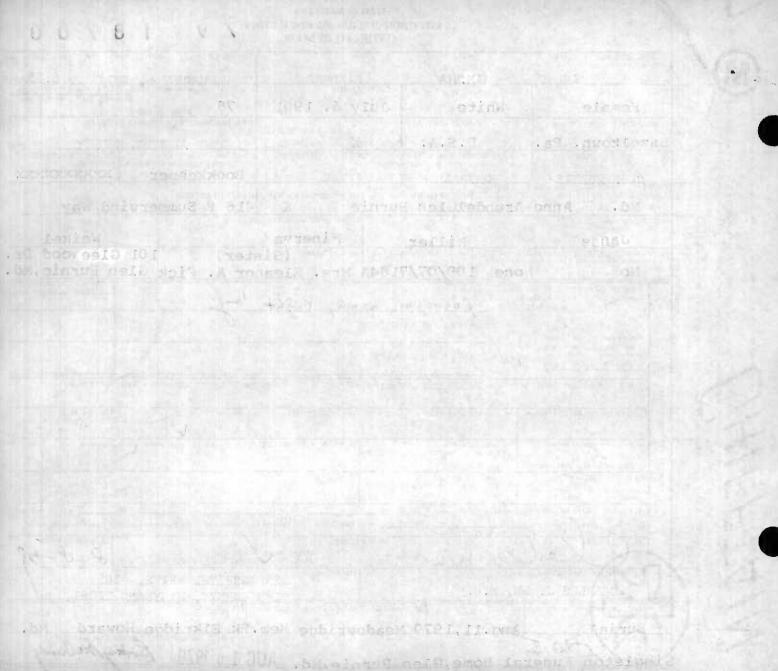
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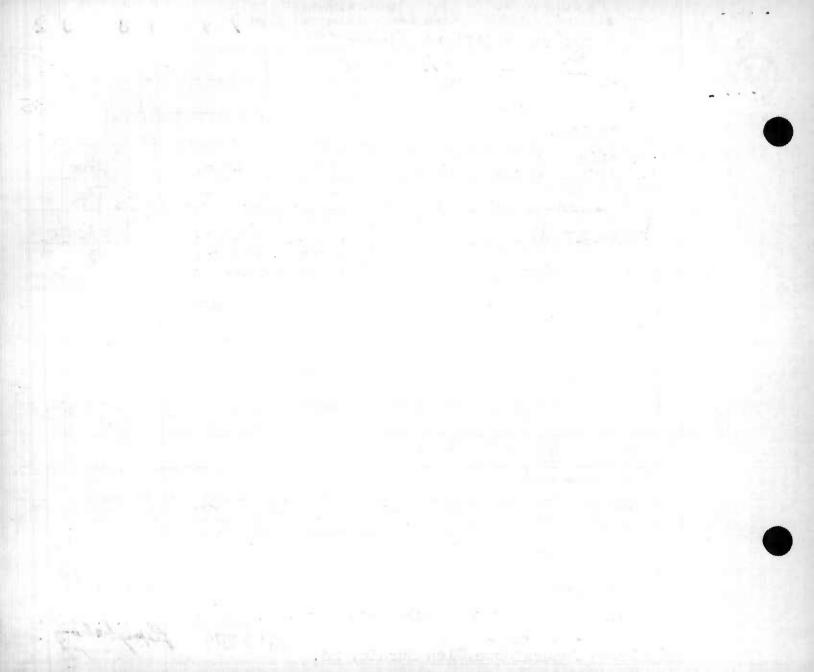
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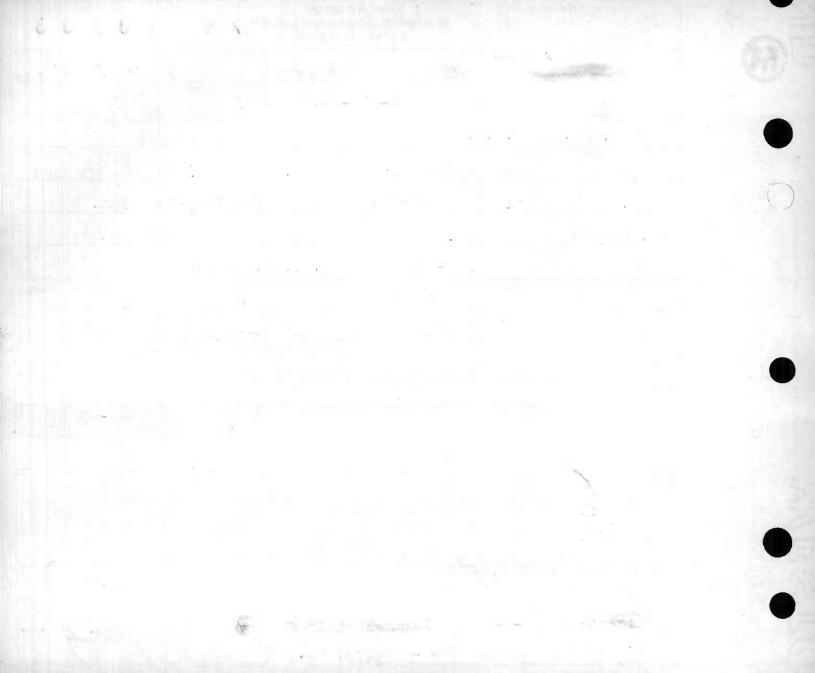
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DHMH-16 20M

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 1. DECEASED NAME 2a DATE OF DEATH MONTH 26. HOUR 207 6. 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS PAY 1922" White 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Anne Arundel WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Arundel General Hosp. 0wn Home Anne USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13c CITY OR TOWN 134. INSIDE CITY LIMITS? Annapo li 764 Fairview Anne Arund Apt. E 15 MOTHER'S MAIDEN NAME LAST MIDDLE Arnopolsiv Gruman Jeanne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Same as None Not-Available Mr. (husband Schoen APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) andreaser IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTITIO 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO M YES [21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 22a I certify that (T) (this hospital) attended the deceased from and that is (my) our) apinion death occurred on the date and hour and from the causes stated above. (It () of (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING & PHYSICIAN DIRECTOR | PHYSICIAN | 22 ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23b. DATE STATE COUNTY Cremation Crematory Whitehall Ty TWED Preming Funeral Service - Benson, Md AIICO (VRA 15, 4) 7/78



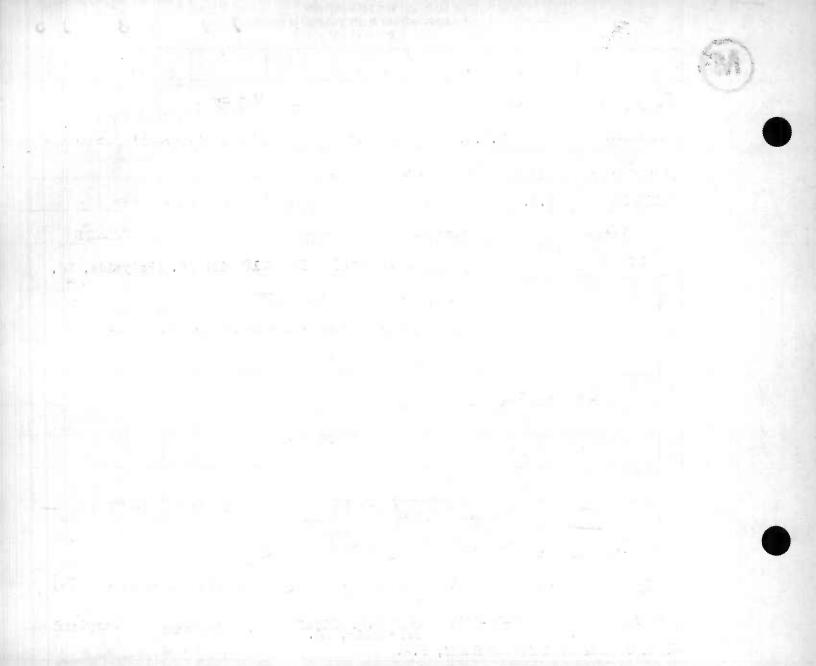
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Albert 3 SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS HOURS AAIN 9 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE ISTATE OR FORFIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Marvland WIDOWED T DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Railread Fereman BALTIMORE, MARYLAND 21201 NG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN 120 North Streeper Street Baltimere YES M Baltimore NOF 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Schultz Lois Fertney ADDRESS 10 N. Kenweed Ave. 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) - Baltimere, Md. 21224 217-10-9913 Betty Schultz APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to , (b), and ic-PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (a. ducary DUE TO, OR AS A CONSEQUENCE OF IN 1977 Conditions, if ony, which gove rise to immediate Vocouse (o), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 191 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO. YES NO YES [] 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE N.A AT WORK 22a. I certify that (1) (this hospital) ottended the deceased from. saw the deceased alive an . 19 _____, and that in (my) (aur) apinion death accurred an the date and hour above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PIN 22e ADDRESS 12as 230 BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) CITY OR TOWN Silver Greve. W. Va. Silver Greve Cem. Burial 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 5 SIGHS TUIT 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Robert L. Spencer Harpers Ferry, W V 25425

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1		22d. PHYSICIAN'S NAME (TYPE C	t-Rh	all iR	mo	20 Rue	19c	ly	Ave	A-	n	s	Wo	2.
		BURIAL, CREMATION, REMOVAL SPECHYL BURIAL	23b. DATE 8-10-1	MODEL TO A SECOND		METERY OR CREMATO		234. LOCA	ATION		COUNTY			STATE
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WILLIAM REESE & SONS MORTWARY, P.A.

(VRA 15, 4) 7/78

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



20 AUG '79

SINGLET ON Funeral Home, Glen Burnie MAUG

Burial

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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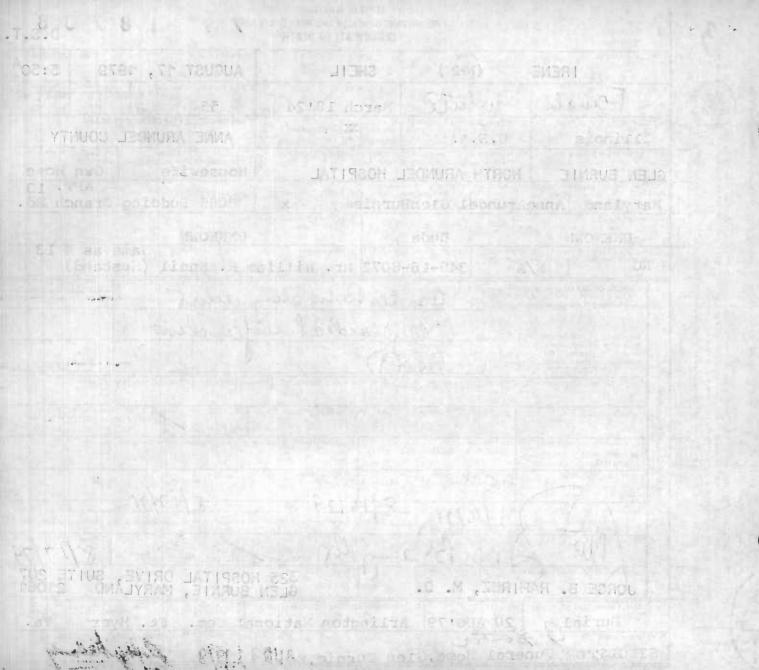
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FOR

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 26. HOUR 6. AGE UN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS **HOURS** MIN BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) INDUSTRY TAYNETS TRANSPORTER PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (out opinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNE STAFF DIRECTOR PHYSICIAN STATE 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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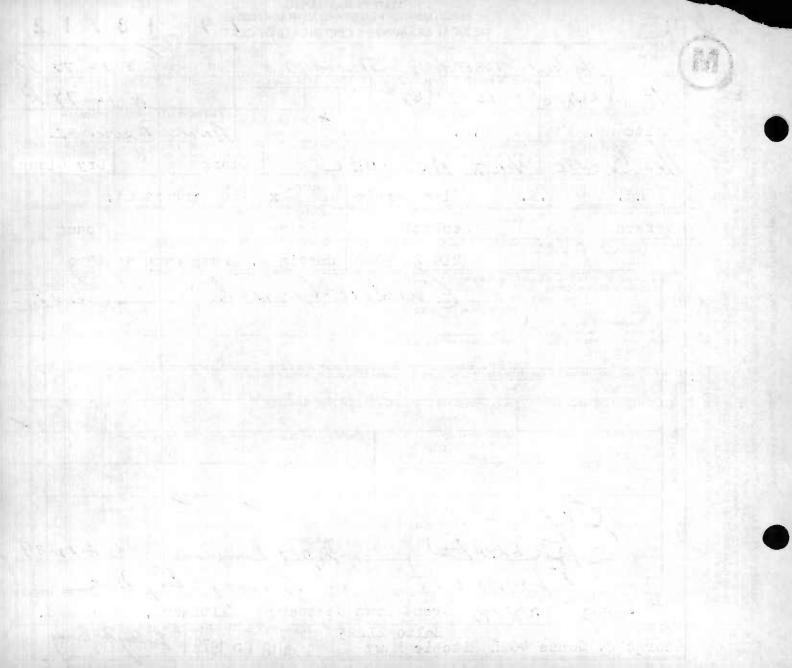
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1		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENEY 9 8 7
		Ι.	REGISTRAR CERTIFICATE OF DEATH REG. NO.
			CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR
	age 3 death	11111	Willard M. SHERBERT AVGUST 7, 1979 1010 A
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	6 6 (1)	C	MARRIED WEVER MARRIED WEVER MARRIED
1.00	- B	10 C	WIDOWED DIVORCED HAVE HYUNGE MD TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR
_	by the led	1	I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) / / I TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
120	haurs d in by be file	USU	MUMA polis Anne Arundel Goneral Arap, Md. Marine Police-Retired
0 2	24 ho filled i ould b must t	130.	TATE 134 COUNTY / 136 CITY OR TOWN 136 INSIDE GITY LIMITS? 136 STREET ADDRESS / / C/
E E	5 74 5	14.57	THERE NAME TIME HUMA POLIS YES NO 31 President STYPECT
ARY	mpletel and 2:	19. 17	FIRST MIDDLE LAST FIRST MIDDLE LAST
×	5 0-		Stanley I. Sherbert Lottie G. *** Gibson
OR	and co	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES, NO OR UNKNOWN) IIF YES, GIVE WAR OR DATES)
W I			Yes WW II 212-14-3372 Daisy B. Sherbert (same as 13e)
BAL	certificate being physician rbanpapers. r remaval.		18. CAUSE OF DEATH (Enter only one couse per line for on, (b), and (c).) PART I, DEATH WAS CAUSED BY:
ST.,			IMMEDIATE CAUSE (0) Welle my ocardial infarction 2 days
Z O	2 500 5		4/0 - DUE TO, OR AS A CONSEQUENCE OF
EST	the death ce the attendin remove carb emotion, arr		Conditions, if ony, which (ib) Generalized atherosclerosis Wany ipans
2	t tere		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF
<u> </u>	that the d by the lease ren ial, crem or other t		underlying couse lost (c)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01
RDS	requires on signe Then pl or to bur injury, o	ŏ	Diafetes wellitus, Hypertension
S.	be be any	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL R	w n o o o	E	VMe YES NO YES NO DEATH
×I,	G PHYSICIAN: The Inotending physicion. This certificate has she burial-transit per and Mental Hygiene and Mental Hygiene ked ar them 18 shows	Ü	21g. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
Ö	SICIA ng pl certif certif iental-t	3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR I I I I I I I I I I I I I I I I I I I
0	PHYSICIAN: ending physis this certifical be burial-from ad Mental Hy d or Item 18 3	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
IVIS		Σ	WHILE AT WORK AT WORK COUNTY STATE
۵	ATTENDING PHY spital or attending ECTOR. After this of for use as the bu i. of Health and M m 21 is marked or		22a. I certify that (1) (this heapital) attended the deceased from Jan 13. 1966, to Avg 1 1919, that (1) (re) last
			sow the deceased alive an
	OR A he has DIREC oched to Dept.		276. SIGNATURE / D. A. A. / DEGREE 1 220. DATE SIGNED
	- + - +		Charles W. Knizer ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Aug 7 1979
	HOSPITAL ined by th FUNERAL uld be deta the State ORTANT:	1	22d PHYSICIAN'S NAME (TYPEORPRINT) 22e. ADDRESS
			Charles W. Kinzer M.D. Annapolis Md. 21401
	To T	23a. I	BURIAL, CREMATION, REMOVAL 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION
	BP	(Burial 08-10-79 Hillcrest Cemetery Annapolis, Anne Arundel, Md.
		_	INEPAL BOOK TOP
	DHMH - 16 50M 1/76 (VR A 15 (4))	Be	
	The second second second	100	The second secon

8 1 THE RESERVE AND PERSONS AS ADDRESS OF THE PARTY OF THE PA the state of the contract of the state of th and the state of t The Control of the Co Design of the second of the second the lightest two . I from the college constant a self-to e te de company de la company

PARTMENT OF HEALTH AND MENTAL HYGIENE CAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.	8	7	1	2

	13	STATE REGISTRAR	MEDICAL EXA	MINER'S C	ERTIFICATE O	F DEATH 9	1 8 7	12
ľ		CEASED NAME FIRST	JOSEPHINE	- She	MP	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY	1979 26. HOUR
-	SE	Female White	MONTH /2 30 LAST	T BIRTHDAY) MONTH	DER 1 YEV IF UNDER 2	MIN PRONOUNCED DEAD	SIL	179 PM
5	B	alto Md.	76. CITIZEN OF WHAT COUNTRY?	WIDOWI		D HNNC	ARUNG	LeL MD.
4	9	EN BURNIE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE TREET AD ARCHITECTURE OR THE	JUDE	R INSTITUTION	120 USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) Clerk	YPE OF WORK 12b. KI	ND OF BUSINESS R INDUSTRY
6	13a, S	TATE Md. 136. COUNT		Burnie	13d. INSIDE CITY LIMITS? YES NO 🔼	104 Herber	t Ct.	
C	٧	ernon	Seubott		Helen	MIDDLE	Yo	ung
1	16a. V (Y	VAS DECEASED EVER IN U.S. ARM ES, NO. QR UNKNOWN) (IF YES, GIVE W		7940	Curtis V	ADDRES		7
0	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause</u> last.	CAUSE (a) DUE TO, OR AS A CONSEQUIO (b) DUE TO, OR AS A CONSEQUIO (c) ONTRIBUTING TO OFATH BUT NOT RELATED TO TO	ENCE OF		[1] (a).	0.00	AUTOPSY?
3	CAL CERTIF	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME OF INJURY HOUR A.M. MONTH DAY EATH P.M.		W INJURY OCCURRED	I MƏTI MI YRULMI ƏC ƏRUTAM RƏTMƏ} C		YES NO.
	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT H STREET, FACTORY, FARM, ETC.)		REET	CITY OR TOWN	COUNTY	STATE
2	1	22a. 1 certify that 1 took charges death resulted an Natura ACTUAL SIGNATURE EXAMINER'S NAME	Accident , Accident ,	Suicide	Hamicide TIBLE (SPECIFY)	Undetermined manner MEDICAL EXAMINER	DATE SIGNED	12.79
	23a.B	(TYPE OR PRINT) URIAL CREMATION, REMOVAL 23 Burial	8/16/79 Crest	OF CEMETERY OF	CREMATORY Cemetery	234 LOCATION COMBATTIMORE	COUNTY	Mď.
		UNERAL DIRECTOR	. ADDRESS Balt	o 2122 Hgwy	5 250. DATE R	EC'D. BY REGISTRAR 25b. REA		ready

BP. DHMH - 17 (VR A15 ME (5)) 30M 7/73



	1			STATE OF MARYLAND				
	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MEN CERTIFICATE OF DEA		7 9	187	1 3
(MA)	1.05	REGISTRAR	MIDDLE	CERTIFICATE OF DEA		REG. NO		
death death		CEASED NAME . FIRST OR PRINT)	DEED C.	SiEhL	20	DATE OF DEATH	8 17 79	28, HOUSE O HAMM
Page 4 may director, page 3 hours after death .e.	3. SE	EMOIF	White		YEAR 6 A	AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN.
To 72	7a BI		CITIZEN OF WHAT COUNTRY		RIED - 1	ALTIMORE CHY O	COUNTY OF DEATH	and and
offer dwill	ام	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACET)Y, GIVE STRE	ING HOME OR OTHER INSTITUT	TION 12a	USUAL OCCUPATION OF PROPERTY OF THE PROPERTY O	WRKING FET HOUSTRY	OF BUS VESS OR
21201 Annus afth hours afth be filed to be	USU.	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION GIVE RESIDENCE BEF	DRE ADMISSIONI	· u	DEC. C	TUIL SER	DICE
TIAND 2 thin 24 ho should b	13a. S	County County	RUND CLUM	WN 13d INSIDE CITY L	D I	STREET ADDRESS	5x 119	
MARY mplete and 2	1	HARLES	MEIGH	15. MOTHER'S MA	LA LA	MIDDLE	CONN	hey
MORE,		VAS DECEASED EVER IN U.S. ARME		28146 DAWIEL	R	SIEHL	#13	
i W. PRESTON ST., hat the death certific by the attending ph sse remove carbonp 3, cremotion, or remo ather traumatic ever		18 CAUSE OF DEATH (Enter only of PART 1. DEATH WAS CAUSED BY IMMEDIATE COnditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	Y: 1810		Breast	- Carcin	oma APPRO	KIMATE INITEVAL ONSET AND DEATH YEAR
ORDS, 201 requires th transport the plea	VIION	PART 2 OTHER SIGNIFICANT CON	nditions <u>contributing t</u>	DEATH BUT NOT RELATED TO		L DISEASE OR CONE	OITION GIVEN IN PART 1	
TAL RECO	CERTIFICAT		198 CONDITION FOR WHIC		,	YES NO	IN CERTIFYING CAUSES	
DN OF VITA IYSICIAN: The ding physicic physical physicic physicic physicic physic physicic physicic physicic physicic physicic physical physicic physicic physicic physicic p		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21%. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	YOCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
DIVISION C or attending After this cer as the buric olth and Meni marked or the	MEDICAL	21d. INJURY OCCURRED WHILE OT WHILE OT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	70	CITY OR TOW	N COUNTY	STATE
O O O E		220.1 certify that (1) this haspital)	6/1//	make 1 to) pointing deat	to	te and hour and from the	that (I) (we) lost
TAL OR ATTEN y the hospital RAL DIRECTOR. detached for us rate Dept. of He NT: If hem 21 is		sow the deceased alive on above (1) (we) (did) (did not)	lew the body ofter death.	DEGREE	NDING , / M	AEDICAL STAF	F 22c. DAT	ISIGNED
= 0 10 0 0		22d. PHYSICIAN'S NAME (TYPE OR PR	W. COLETA	22e ADDRESS	ATHEN	PAI ST	AND APRI	15 Md
TO HOSP retained 1 TO FUNE should be with the 6	11	_		Aund or courses have	711100	101221	1111111100	15 176.
BP	0	PIAL	8/19/79 12	NAME OF CEMETERY OR CREA		DAVIDSON	orthe HH	MD.
DHMH - 16 50M 1/76 (VR A 15 (4))	5	Ki Witerta	Sty Clem	palmal.	Accession of the second	C 9 1 1070	ISI REGISTIAN'S SIGNA	Breedy

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	. September 1	notified	d warte .	Herera Va	1 (4)	

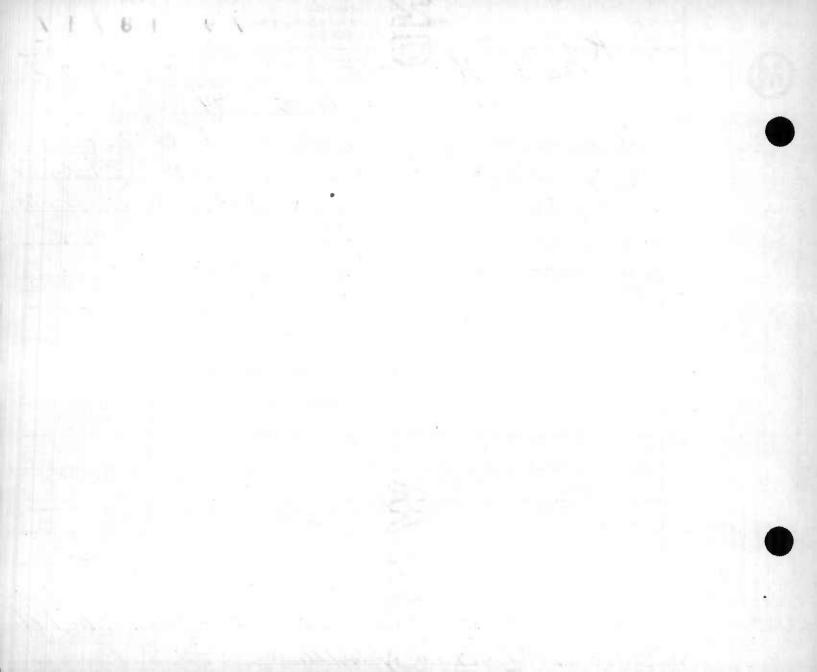
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

	1			STAT	E OF MARYLAND				
	1	FOR "	DEPAR	TMENT OF H	EALTH AND MENTAL HYG	IENE 7 9	1 8	7	1 6
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0	100	
		CEASED NAME FIRST	MIDDLE	l	AST	2a. DATE OF DEATH		YEAR	26 HOUR
	{TYPE	DORIS	7	C- ~	4		8-5-	119	130
	3. SE)		I4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	0 0	UNDERIYEAR	IF UNDER 24 HRS
	3. SE/	_	RACE	MONTH		AGE (IN TERRS (AST BIR		NTHS DAYS	HOURS MIN.
,		emala	Caucasian	12	- 19-06	1/2	YRS		
10		RTHPLACE STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY	/? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
7		GA.	4,5,17	WIDOWE	/		ANNe	ARIN	DEL MD.
13	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USYAL OCCUPAT	ION A		F BUSINESS OR
3	1	Adalas 110	(IF NOT IN SUCH FACILITY, GIVE STRE	110	Was TI	TYPE OF WORK FOR MOST OF	F WORKING LIFE)	INDUSTRY	My C
	USU	L RESIDENCE (IF NURSING HOME OR	HODE ARUS	ORE ADMISSION	eneral Hospital	TIVINGENI	1/2	40	1777
26	13a. S	TATE 13b. COUN	NTY 13c. CITY OR TO	WN V	130 INSIDE CITY LIMITS!	130 STREET ADDRESS	1 14	7.	
1		mD. A	A. Anna	holis	YES NO	10,1 10!	SON K	D	
60	14. FA	THER'S NAME	MIDDLE /AST	J .	15. MOTHER'S MAIDEN NAM	WE		LAST	r
10		WILLIAM T	TUGHEL		HAYRA				
1		VAS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	182 G28	RCES	TER	.57.
/	(,	YES, NO OR UNKNOWN) (IF YES, GIVE	(E WAR OR DATES) 418-11-	3/34	H. Msppill.	1000	NNAC	Dalis	MD
1		IN CAUSE OF PEATURE		2221	I I I I I I I I I I I I I I I I I I I		/	APPROXI	MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), o	and (C)	al inte	SPATEN		BETWEEN	11 . 1
		IMMEDIAT	TE CAUSE (a)	11160	1172/11/	IK.CHION		-	140015
		410-	DUE TO, OR AS A CONSEQ	UENCE OF	- 1/	2115.000		101	mar
		Conditions, if any, which gove rise to immediate	(b) MYPECI	Ensi	EMEMET	DISFISE		107	FIRE
		cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF					
		underlying couse last.	((c)				The		
		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	31
	N N	Puhmony	PRY EMDHYS	EMP	: OSTFO M	PTHE MS			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		20a AUTOPSY?		VERE FINDIN	
1	FIC					YES TI NOT	IN CERTIFYIN	NG CAUSES	OF DEATH?
7	ERI	21a. ACCIDENT WAS UNDERLYING	7 1b. TIME OF INJURY		21c. HOW INJURY OCCURR				140
4		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	ZICTIOW HAJORT OCCURR	CED (ENIER NATURE OF INJU	KT IN HEM 18, PAKI	I OR PART 2)	
/	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19				1.70	
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	F FARM FTC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK AT WORK	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2, 17 11011, 21 01,					
			ital) attended the deceased from	10	NF 1963	105000	. 19	79	tho (we) lost
		sow the deceased alive on	20 JULY 19	79 ,01	nd that in (my) (aur) opinian o	death accurred an the d	ate and haur a	nd from the	causes stated
		above, (I) (we) (did) (did no	at) view the bady after death.		DEGREE	/		22c. DATE :	SIGNED
		Walnut 1	the all		ATTENDING	MEDICAL STA		ollo	199
		auceno	J. Karen	20		DIRECTOR PHYSI	CIAN	10/4	//
1		278. PHYSICIAN'S NAME (YPE O	OD. U		270 ADDRESS.		1, 1	Un	
-		EDWARD V	O, KEEK		10882 18 1	THUNAMI	us .1	D	
		BURIAL, CREMATION, REMOVÂL	73 DATE / 23	NAME OF	EMETERY OR FREMATORY	23d OCATION	1	1	A braze
4	T	SILP IN L	18/9/79 1	1,610	PECT	LINA DO	15 7	14	140
	24 KI	UNERAL DIRECTOR	1111111	11000	25a. DATJ	FREC DI BY REGISTRAR	256. REGISTRA	RSSIGNATI	URE
(1	The Ment	wat And MAAN	2 A. 1	mo Al	ne 1919/8	June 1-	1	

150		1 -	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	PREG. NO.	8 7 1 7
Ment 3		(TYPE	CEASED NAME (TOTAL)	L. Winopie	TATE	26 DATE OF DEATH MONTH	DAY YEAR 25. HOUR - 3-79 2- 4
actor. p		3 SE	F	WHITE	5. DATE OF BIRTH MONTH 6 DAY 4 YEAR	4 AGE (IN YEARS LAST BIRTHDAY) 74 YR	MONTHS DAYS HOURS M
meral di	of once.		RTHPLACE ISJATE OR FOREIGN DUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		OUNDE
by the filed with	Potrified	10 0	VNADOUS	11. NAME OF HOSPITAL, NURS	TOSP	178 USUAL OCCUPATION (TYPE OF WORK FOR MOSTOF WORKING)	GLIFE) 12h. KIND OF BUSINESS
n 24 hou Miled in hould be	r must be	USU/ 13a S	AL RESIDENCE (IF NURSING HOME O STATE 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO 134 OTY OR TO	NO 134. INSIDE CITY LIMITS	1818 HG//	VDr. Sou
and with	examine	14. F	FIRST	MIDDLE MOOT	15. MOTHER'S MAIDEN	NAME	DAUIS
Poges of	the medical	166 V	VAS DECEASED EVER IN U.S. AF YES, NO O UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 128-00	126 CENON	D, TATE	#13
the death certifica the ottending phys remove carbon pap emotion, ar removo	ier traumatic event,		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQUENCE OF TO, OR, AS A CONSEQUENCE OF THE CONSEQU	DEOGENIE S VENTRICULIA		
flow requires that as been signed by bermit. Then please he prior to burial, a	ws any injury, ar oth	CERTIFICATION	underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 20b. IF	GIVEN IN PART 1(0) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
ICIAN: The g physicial gertificate h ad-transit ntal Hygier	hem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM	YES NO 1
ING PHYSICIAN: In attending physicians After this certification to the buriel-traility	rked or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
or ATTEND or bushing of DIRECTOR.	If hem 21 is ma		saw the deceased alive ar	onal) attended the deceased from n	DEGREE ATTENDING		19 , that (1) (ma) have and from the causes stated
TO HOSPITAL retained by the TO FUNERAL should be determent with the Stote	MPORTANT		PETER F. 1	ORPRINT) VERKOUVV	PHYSICIAN 220 ADDRESS 1419 TORE	ST DRIVE AND	VAPOLIS, Ind, 2
P € P € §	3	23a E	BURIAL CHEMATION, REMOVAL	23b. DAT /79 3	PLANE OF CEMETERY OR CREMATOR	234 OGATION CITY OF TOM	ETS A.A. STATE
DHMH-16 2	MOM	24 E	NAME AND TRECTOR	ADDRESS	7 / m 259 [DATE REC'D. BY REGISTRA 256. REG	SISTRARIS SIGNATURE



Singleton Funeral Home, Glen Burnie

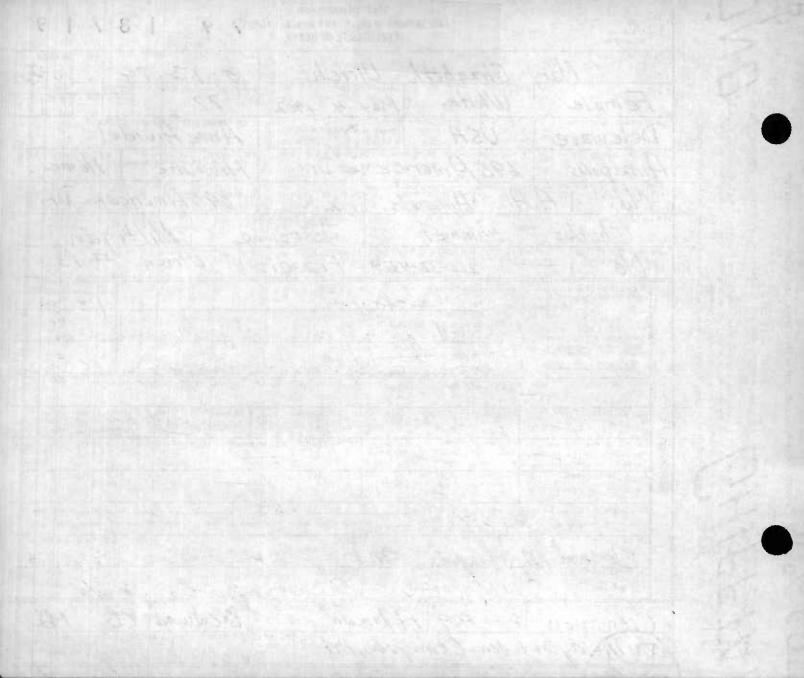
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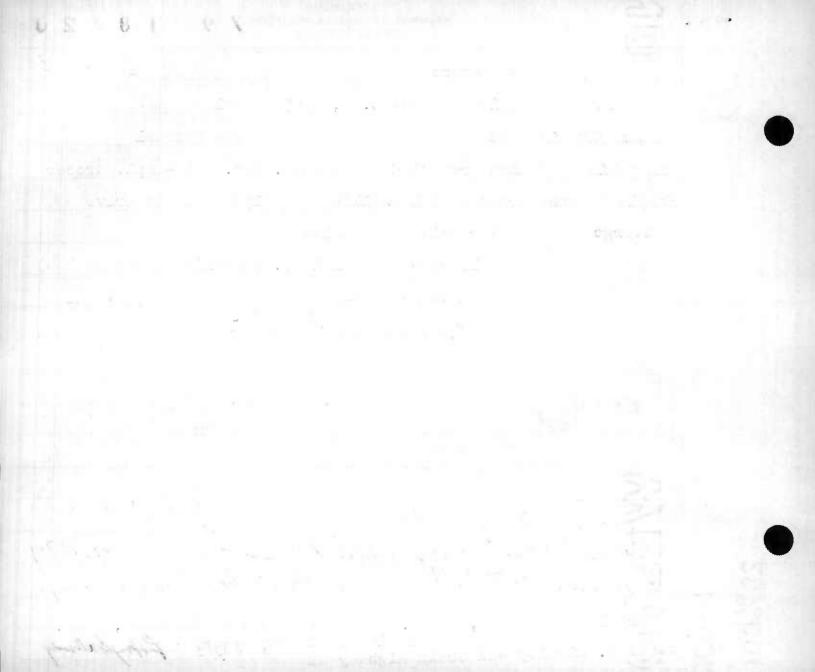
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ment (p)	a) ogonini v	de. Dorek	/22/396			
			3			
		T. N. S.				

1			STATE OF MARYLAND		
1	FOR STATE REGISTRAR	DEPARTA	TENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		3719
1. DE	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2e. DATE OF DEATH MONTH D.	AY YEAR 2b HOUR
(TYP	EORPRINT) Mary	Elizabeth	Ulrich	8-13.79	6-5-px
3. SE	Female	White	5. DATE OF BIRTH MAY 1902		IF UNDER 1 YEAR IF UNDER 24 HRS
78-8	PRIHPLAGE ISTATE OR FOREIGN OUNTRY) PER WAVE	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF COUNTY Hnne Hrune	
200 /	MY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTO ME
9 USU 130.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE PEGIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS? YES X NO T	112. STREPT ADDRESS .	cana Dr.
14 F	ATHER'S NAME	AIDDLE Rommes!	15 MOTHER'S MAIDEN NA		LAST
160	WAS DECEASED EVER IN U.S. ARAYES, 40 OF UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 2/6-32-4		ADDRESS,	# 13
at, the	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED		die		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e ve	IMMEDIATE IMMEDIATE	E CAUSE (o)	Myra		1+4
frocmon	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	Morred neuro	local con	X. tana
ather tro	gove rise to immediate couse (a), stating the	(0)	NCE OF		
	underlying couse lost	(c) many	it I by bremon +	paralysis	15 yr
	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	MNAL DISEASE OR CONDITION GIVE	N IN PART 100
S snows ony injur	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED (ING CAUSES OF DEATH?
STEE STEE				YES NO YES	NO [
/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	2) B. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21). LOCATION	CITY OR TOWN	COUNTY STATE
₹	AT WORK AT WORK				
	sow the deceased alive on.	tol) offended the deceased from	and that in (my) (our) apinion	death accurred on the date and hour	ond from the couses stated
	22b. SIGNATURE	t) view the body ofter death.	DEGREE		22c. DATE SIGNED
	Stank 11	Malake	Mb ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-14-79
MPORTAN I	22d. PHYSICIAN'S NAME (TYPE OF	HPRINT)	Žie ADDRESS	apolis, ?	nd.
23€	BURIAL CREMATION, REMOVAL	23b. DATE 28t. N	LAME OF CEMETERY OR CREMATORY	Brentwood P	DOURH MAR
1	UNERAL DIRECTOR	100	/ /	TE REC'D. BY REGISTRAR 256. REGISTE	
ye	Mr 11/ Hayear	+ sons Ctima	poers, Ma.	AUG 151979 tu	retray/10 Crowdy
/					



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST



FOR

REGISTRAR

- STATE

13. STREET ADDRESS 101 Wallace Manor Rd LAS1 APPROXIMATE INTERPAL BETWEEN ONSET AND DEAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 79, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED BY REGISTRAR 256 REGISTRAR'S DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

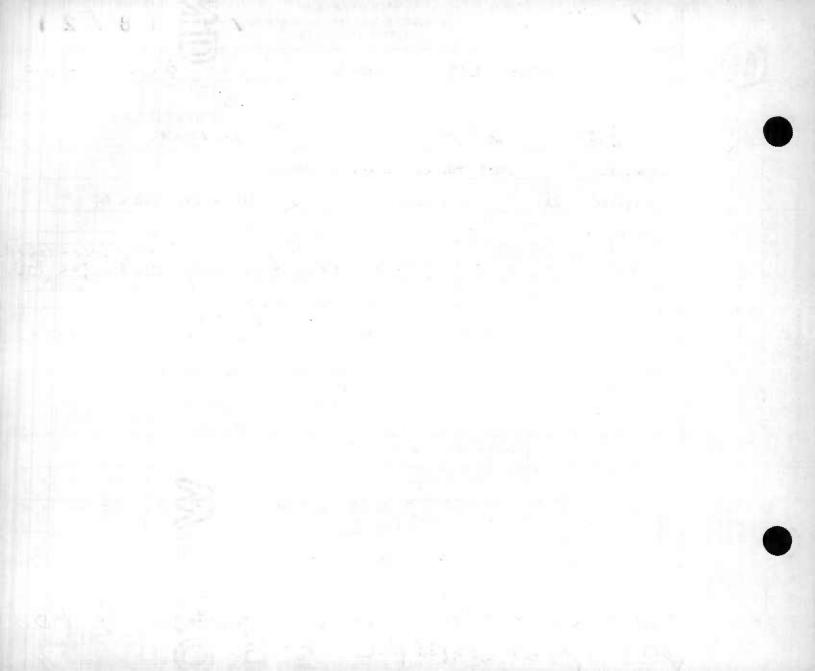
IF LINDER I YEAR

INDUSTRY

OAYS

4:04

E UNDER 24 HRS



STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME KNOWN ESTI-(TYPE OR PRINT) OF 120 hol DEATH MATED 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 40 DEAD 9. BALTIMORE CITY OF COUNTY MARRIED NEVER MARRIED Scotland DIVORCED 12b. KIND OF BUSINESS OR INDUSTRY OWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Housewife Own Home 13e. STREET ADDRESS 3a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? Md. Millersville Pembrook Court YES 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE William Bell McDonald Rasche 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) David J. Bell, Husband, same as 13 No MINATE PATERYAL NOMSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO NO VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT CON PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21; 22a. I certify that I taak charge of the remains described above, held an and in my opinion Autopsy Undetermined manner Homicide 23c. NAME OF CEMETERY OR CREMATO Cremation Security Process Catonsville Balto BP **DHMH - 17** Kirkley, Glen Burnie, Md. (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND

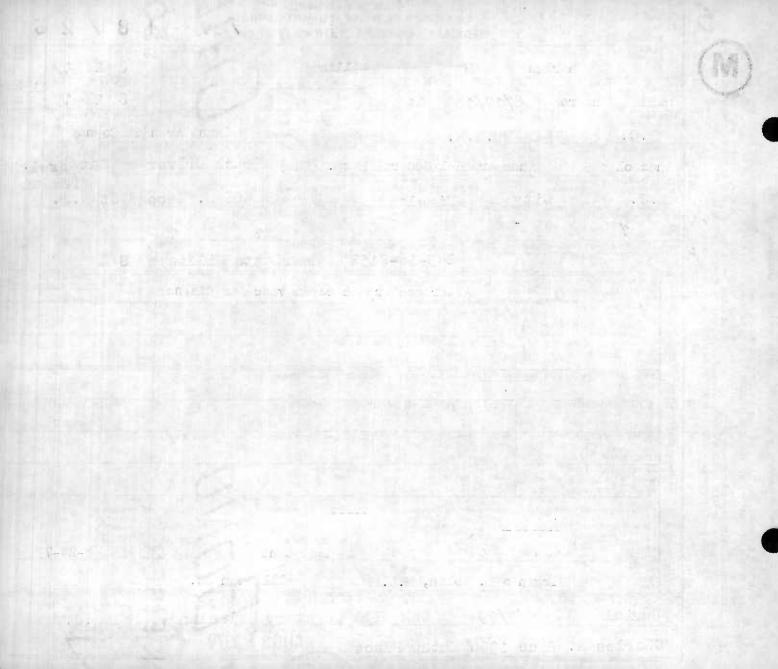


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STATE OF MARYLAND



4		1	FOR - STATE	DEPAR	TMENT OF	E OF MARYLAND LEALTH AND MENTAL HYG	GIENEY 9	187	26
		1 0	REGISTRAR CEASED NAME FIRST	MIDDLE		ICATE OF DEATH	REG. N		DST
: 1			CEASED NAME FIRST JEAN	WIDDLE		LLIAMS	2a. DATE OF DEATH	8 30 1979	9:03 P
woy	9	3. SE		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			Female	White	Jan	26, 1900 YEAR	79	YRS.	S HOURS MIN
A Poor	12		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	r? 8 MARRIE	NEVER MARRIED		R COUNTY OF DEATH	4 1525
deat funer thin 7	0 P		enn. ITY OR TOWN OF DEATH	U.S.A.	WIDOWE		ANNE ARI		MD. OF BUSINESS OR
201 rs ofter by the filed wir	10 M	G]	enburnie	NORTH ARUNDE	L HOSP		Housewif		
AND 21:	d Som	13a	STATE 136 COU	r OTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c, CITY OR TO Sykesv.	WN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	le Drive	
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 should be fill	exormine.		ather's NAME late FIRS Thomas Ha	roin LAST		late Prudy	ME MIDDLE		LAST
MORE, in and co	medicol		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 212 82		James Willia	ams 4632 Mou	intain R ^D Pa	asedena Md
RDS, 201 W. PRESTON ST., squires that the death certification is signed by the attending phonon proburial, cremotion, or remote the burial, cremotion, or remo	njury, or other troumotic ever	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	TE CAUSE (a) TYOCCE DUE TO, OR AS A CONSEQ	SCU I	NOT RELATED TO THE TERM		DITION GIVEN IN PART	1 (σ)
A RECOI	no smo	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir of other of the servicion. The buriof tronsit permit. The not a Mentol Hygiene prior to be	Hem 18 sh		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
MVISION Offer this Se the but M and M	rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
R ATTENDIN hospital ar RECTOR: A ned for use of	21 is mo			attended the deceased from	20	nd that in (my) (our) opinion	death occurred on the de	te and hour and from t	that (I) lost he couses stated
OR both	ANT: # Hen	X	22b. SIGNATURE	Cron		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN C	B (30/) >
TO HOSPITAL efoined by the TO FUNERAL should be detrivith the Stote	ORTA		22d. PHYSICIAN'S NAME (TYPE O			22e ADDRESS	1		Burnie, 21061
refoil show	IMPORT	23 a.	Robert B. Kro		, NAME OF C	205 Baltimo	23d LOCATION		
BP		-	Burial	Sept 4 179	Lakevi		CITY OR TOWN	Carroll, M	
DHMH - 16 50M 7/ (VR A 15 (4))	77	24 F	arry H. Witzke	4112 Columbia SF	d Elli	cott Cty SEP	e rec'd. by registrar	0 , 1	Proofy .

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George J. Gonce 4001 Ritchie Hgwy

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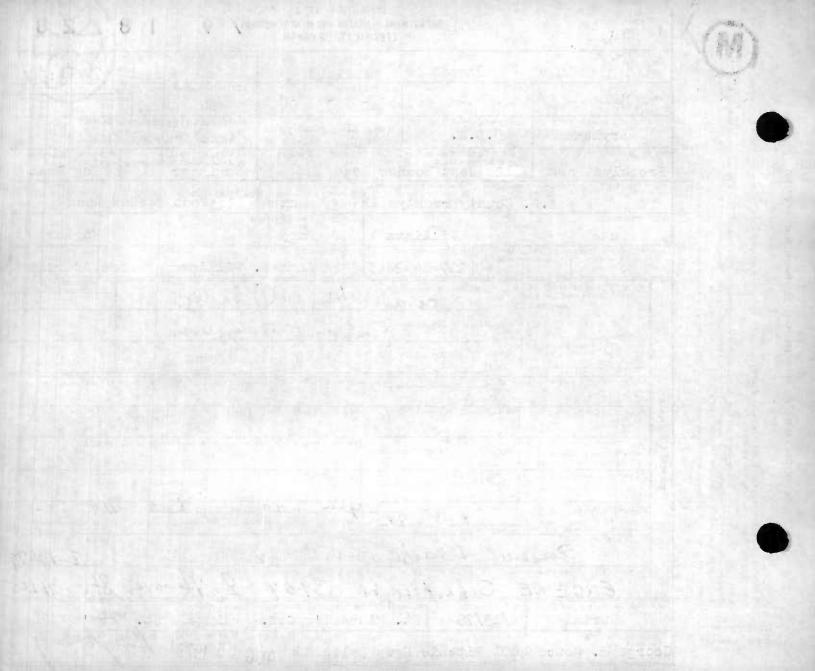
- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Balto Md



FOR - STATE

must be patified of once

medical seaminer

mpletely filled in by the fu and 2 should be filed with

TO FUNERAL DIRECTOR. After this centrificate has been signed by the attending physician and conboding be detached for use as the burnof-count permit. Then please remove corbotrappers, Pages 3 with the State Digit of Neathh and Mental Hygiene prior to burnof, cremation, or removal.

MPORTANT, If Nem 21 is marked or Nem 18 shows any injury, or other traumatic

Hardesty Funral Home

	STATE	OF M	ARYLA	AND
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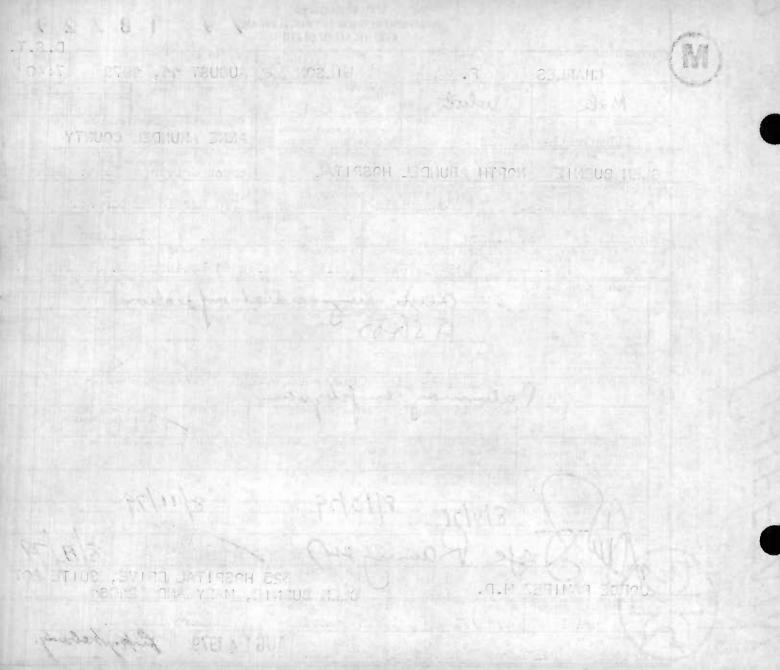
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	ICAIL OF DEATH	REG. NO.		DET
DEC	CEASED NAME FIRST	WEOTE		TANT		DAY YEAR	79. HOUR
	CHARLES	Franklin		WILSON SR		979	7:40
1.58)	Male	White	MONE	uly 19, 1902	6. AGE (IN YEARS LAST BIRTHDAY) 77 VRS.	FUNDER I YEAR HONTHS DAYS	HOURS MAY
To. Bit	RTHPLACE JAINTE DEFOREIGN	24 CITIZEN OF WHAT COUNTR	Y7 8. MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY		
	441.00	d. USA	WIDOW	ED X DIVORCED	ANNE ARUNDEL	COUNT	Υ "
Gl	EN BURNIE	NORTH ARUNDE	L HOS	SPITAL	truck driver	Balt.	G&E
134.5	Md. A.	TA THE THE PARTY OF THE PARTY O	OWN	YES NO DE CITY LIMITS?	778 Herald Har	bor Rd	100
Ве	njamin l	F. Wilson		Florence	E. Rol	linson	r
	VIII COLOR	E WAR OR DATES!		17 INFORMANT	ADDRESS	d David	anna Ma
	no	212-05-	7542	Julia E. We.	lls 61 Robinson R		LANGUAGE STAN
CERTIFICATION	PART 2. OTHER SIGNIFICANT	ULLUMENT THE CONDITION FOR WHI	lu	physee	AUNAL DISEASE OR CONDITION GIVE	WERE FINDS YING CAUSES	NGS USED
RT I		30/1905			YES NOW YES	5 🖸	NO 🗆
MEDICAL CE	ZIE ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING OF CAUSE OF OR. [# 8THER. HOSEY MEDICAL EXAMINER	P.M.	DAY YEAR		RED LENTER NATURE OF PULLEY IN TEM 18, FO	MT (OFFART 2)	1,5165
MED	MART CONTRACTOR ALMORE CONTRACTOR	21e PLACE OF INJURY (AT HOME STREET, FACTORS, OFFIC	E FARM ETC.	211 LOCATION	2/11/24	COUNTY	STATE
				Appeared any or the second and assets	death accurred on the date and hou	r and from the	
		ye Ka	m		MEDICAL STAFF	8/1	2/79
	JORGE RAMIRE	Z M.D.	0	GLEN BURNI		E, 901	VE LOT
23a B	Burial	V 26 (0) (1)		n Memorial	Millersville	соонгу Md.	PFAYE
24. PU	INERAL DIRECTOR	ADDRESS		12% PYY	FRECT HOSPITRAR 256 WEST	San Francisco	Sody
H	ardesty Funral		gely A	ve. Ann. Md.	114 13/3	7	_/

12 Ridgely Ave. Ann.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

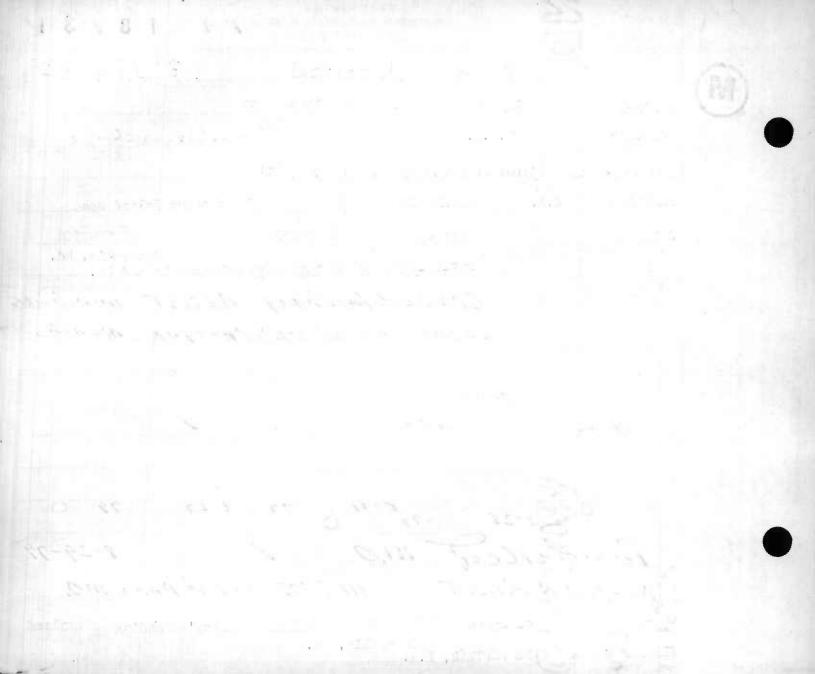
IO HOSPITAL



STATE OF MARYLAND

The state of the s

1	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC IFICATE OF DEATH	GIENE 7 9	18731
1	(TYPE	CEASED NAME PIRST OR PRINT)	MIDD	A. U	ISEMAN	20 DATE OF DEATH MONTH	29/79 375 4
)	3. SE	TALE	A RACE EGI	MOI	5 1905	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
35		RTHPLACE ISTATE OR FOREIGN	U.S.A.	MARR	NEVER MARRIED A	RALTIMORE CITY OR COL	NDEC CO MO
53	U	TY OR TOWN OF DEATH	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADOPESS)	E OR OTHER INSTITUTION	12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
35	13a S	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COURT A.	NTY 13c	RESIDENCE BEFORE ADMISSIO CITY OR TOWN NNAPOLIS	N) 13d. INSIDE CITY LIMITS? YES A NO	134. STREET ADDRESS 53 Solomons	Island Road
12/		THER'S NAME FIRST	MIDOLE	WISEMAN	GEORGINI	ME MIDDLE	WHITTINGTON
1		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)	SOCIAL SECURITY NO 218-14-3301	AGNES TAYLOR	ADDRESS A	Annapolis, Md. sland Rd. APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
	NO	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS		na ose ity	ODPHARY ME	
	CERTIFICATION	190 DATE OF OPERATION		N FOR WHICH OPERAT	ION WAS PERFORMED		IF YES, WERE FINDINGS USED
	U					YES NO	ERTIFYING CAUSES OF DEATH? YES NO NO
7	MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE AT WORK AUGUST AT WORK	HOUR A.M. P.M. 21e PLACE OF	MONTH DAY YEA	R		YES NO
JT. If Item 21 is marked or Item 18 shows	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF ETIMER, NOTHY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK 22a I certify that (1) (this hosp saw the deceased alive an obove, (1) (we) (did) (did not)	HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET, tol) attended the di	MONTH DAY YEA 15 NJURY FACTORY, OFFICE, FARM, ETC.) eccosed from 19 75	21f LOCATION STREET and that in (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO PRED (ENTER NATURE OF INJURY IN ITE)	VES NO
7	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IN ETIMER, NOTHY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK IN OR WHILE AT WORK IN OR W	HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET, tol) attended the di	MONTH DAY YEA 15 NJURY FACTORY, OFFICE, FARM, ETC.) eccosed from 19 75	21f LOCATION STREET 21f LOCATION OUT 19 Out that in (m) (our) opinion DEGREE ATTENDING	YES NOW RED (ENTER NATURE OF INJURY IN ITE) CITY OR TOWN death occurred on the date onc	VES NO



medical examiner must be notified at an

IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other troumatic event, the

FOR STATE REGISTRAR		DÉPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENEY 9 W/S80 16
I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR
	STEVI	E Thoma	S WISNIEWSKT	AUGUST 10, 1979
3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR
Male		White	3 7 13 YEAR	66 YRS. MONTHS DAYS
To BIRTHPLACE STATE O	R FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH

4		CEASED NAME	FIRST	A	AIDDLE	Į.	AST		20 DATE OF DEATH	HTMON	DAY YEA	AR	2h HOU	R
			STEVE		Thomas	s Wi	SNIEWSKT		AUGU	ST 10	. 197	9	12:5	8P ^
	3 SE	X		4 RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIRTH	IDAY)	IF UNDER 1	YEAR	IF UNDER	24 HR5
80		Male		Whi	te	3 MONTH	7 13 TE	AR	66	YRS.	MONTHS C	DAYS	HOUR5	MIN.
		RTHPLACE STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIE		9. BALTIMORE CITY OF	COUNTY	OF DEAT	Н		
35	IVI	aryland		U.S.		WIDOWE		_	ANNE ARUN	DEL C	OUNTY			WE
-1	10 C	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		R OTHER INSTITUTIO	DN	12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIF	FE) INDUS	TRY	BUSINE	SS OR
74		GLEN BURNI	[E]	NORT	H ARUNDEI	HOSP	ITAL		Warehouse	man	Te	xa	CO	
35	13a S	AL RESIDENCE (IF NUR STATE Md .	136 COUN	TY	GIVE RESIDENCE BEFORE 136 CITY OR TOW Rivier	N	13d INSIDE CITY LIM		13e STREET ADDRESS 8532 Jen	kins	Rd.		715	
	14. FA	THER'S NAME	1		112 12020	2 201	15 MOTHER'S MAID	had h						
120		FIRST	A	VIDDIE	Visniews	ski	Lotti	e	, MIDDLE			LAST		
	16a. V	VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRE	SS				
1	()	Yes no or unknown)	(IF YES, GIVE	WAR OR DATES)	212 07	4214	Audrey	F.	Goree sa	me a		е	MATE INTER	115
		Conditions, if any gove rise to improve (a), statiunderlying couse	, which mediote ng the	(b)	R AS A CONSEQUE	(Smells	- Y	v-		3		w.	
	N O	PART 2 OTHER SIG	NIFICANTO	onditions <u>co</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO TH	ETERM	INAL DISEASE OR COND	ITION GIV	EN IN PAR	2T 110)	
9	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	S, WERE FILE FYING CAU			H?
9	_	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY C	OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18, P	ART I OR PAR	т 2)		
	MEDICAL	21d INJURY OCCUR	HILE 🗀	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	70	CITY OR TOW	и	COUNTY		ST	ATE
		sow the deceos obove, (1) we) (ed office on,	2 -1	0 19	8-10 25.0r	id that is (my) (our) o	opinion o	deoth occurred on the do	te and hou	19	n the c	ho (I) v	we) los oted
		23 Sewering	2	000	enl		DEGREE ATTEND PHYSIC	OING IAN	MEDICAL STAF		22c. D	ATE S	JU .	79
	1	22d PHYSICIAN'S N	AME TYPE OF	PRINT)		1150 15	22e ADDRESS	OOF	DAT MITHODE A	MATATA	TTO	T 771		

BALTIMORE-ANNAPOLIS BLVD. MARYLAND 21061 M.B. PEARLMAN, M.D. GLEN BURNIE, 23d. LOCATION CITY OR TOWN Brook 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

Hgwy

Burial 24 FUNERAL DIRECTOR Balto Ritchie Gonce 4001

Cemeter

A . A Co.

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

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	STATE OF MARYLAND						
- 1	DEPARTMENT OF HEALTH AND MENTAL HYGIEN	9	1	8	1	3	1
	CERTIFICATE OF DEATH			•		•	

	LDE	CEASED NAME FIRST	ALID DUE			
		OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH M	MONTH DAY YEAR 26 H
	(1176		rison A.	Woolford Jr.	Aug. 17,	1979
	3 SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOU
		nale	white	April 29,1925	54	YRS.
25	, c	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVERMARRIED	9 BALTIMORE CITY OR	
20		Clavert Co. Md.		WIDOWED DIVORCED		undel Co.
54		Glen Burnie	Norty Arundel	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF electricia	WORKING LIFE) INDUSTRY
35	-13a S	Md. 136 COU	or other institution give residence before the state of t	A PK 136. INSIDE CITY LIMITS?	130 STREET ADDRESS 508 West D	r.
0.02		ather's Name First Harrison	Alexander Woolfor		Loui	
1	- 0		IVE WAR OR DATES)		ADDRES	
	7	yes 43-4	16 219-16-0	0058 Patricia P	itts Servern	a Pk. Md.
		Canditians, if any, which gove rise to immediate couse iot, stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	rdionyon	My	<i>5</i>
	TION	gove rise to immediate couse (o), stating the underlying couse last PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TE		
2	RTIFICATION	gove rise to immediate couse (o), storing the underlying couse lost PART 2. OTHER SIGNIFICANT 198. DATE OF ÖPERATION	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	HALONGO PL	RMINAL DISEASE OR COND 200 AUTOPSY? YES \(\) NO	20b. IF YES, WERE FINDINGS UNIT CERTIFYING CAUSES OF DINE
29	CAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse last PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE CONTRIBUTION	JENCE OF DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS L IN CERTIFYING CAUSES OF D YES \(\)
2	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	200 AUTOPSY?	20b. IF YES, WERE FINDINGS (IN CERTIFYING CAUSES OF DE YES NOT NOT THE NEW 18, PART 1 OR PART 2)
29		gove rise to immediate couse iot. Storing the underlying couse lost PART 2. OTHER SIGNIFICANT 198. DATE OF ÖPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (II) (this has, sow the deceased alive a contract of the country of the co	DUE TO, OR AS A CONSEQUENCE TO THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE DITO) of the needs of the deceased from the constant of the needs of the nee	JENCE OF DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 21t. HOW INJURY OCCI 19 21t. LOCATION STREET 79 and that in (my) (out) opinion	200 AUTOPSY? YES NOT	20b. IF YES, WERE FINDINGS (IN CERTIFYING CAUSES OF DIVERSITY OF PART 2) N COUNTY 19 22 that te and hour and from the coust
29		gove rise to immediate couse 101, stoting the underlying couse lost PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE SOW the deceosed olive on the deceosed olive of the source of t	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF THE PLACE OF THE PLAC	JENCE OF JENCE	200 AUTOPSY? YES NOT	20b. IF YES, WERE FINDINGS (IN CERTIFYING CAUSES OF D YES \(\) NO NOTE: NO NO NOTE: NO
29		gove rise to immediate couse iot. Storing the underlying couse lost PART 2. OTHER SIGNIFICANT 198. DATE OF ÖPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (II) (this has, sow the deceased alive a contract of the country of the co	DUE TO, OR AS A CONSEQUENCE OF PRINT) DUE TO, OR AS A CONSEQUENCE OF TO THE PRINT OF THE PRINT	JENCE OF DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. HOW INJURY OCCU STREET 19 214. LOCATION STREET 19 216. HOW INJURY OCCU (MIN) OUT OPINION DEGREE	JRRED (ENTER NATURE OF INJURY CITY OR TOWN an deoth occurred on the dol MEDICAL STAFF	20b. IF YES, WERE FINDINGS (IN CERTIFYING CAUSES OF D YES \(\) NO NOTE: NO NO NOTE: NO
29	WEDICAL WEDICAL	gove rise to immediate couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this has sow the deceased alive of the contract of t	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FO	JENCE OF JENCE	JRRED (ENTER NATURE OF INJURY CITY OR TOWN TO	20b. IF YES, WERE FINDINGS (IN CERTIFYING CAUSES OF DE YES NOT NOT THE MEDICAL

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	1	STATE OF MARYLAND						
5	1	FOR STATE REGISTRAR	DEP A	RTMENT OF HEALTH AND I CERTIFICATE OF D		7 9 REG. NO	187	3 4
	I. DI	CEASED NAME Anna	WIDDLE	LAST Yank	Y 2a	DATE OF DEATH A	AONTH DAY YEAR	2b HOUR
		Ann		YAUK			8 22 79	7 11°2P
	3 SI		4 RACE	Januar y	YEAR	GE (IN YEARS LAST BIRTH	MONTHS DA	
	7. 0	HEMALE STATE OR FOREIGN	White The CITIZEN OF WHAT COUNT	1 12	94	85	YRS. COUNTY OF DEATH	
70		OUNTRY)	IA S A.	MARRIED LI NEVER	MARRIED L	Anne Ar		
1		Zechoslovara	V(, O,	RSING HOME OR OTHER INST	VORCED 120	USUAL OCCUPATIO		D OF BUSINESS OR
70	R	rooklyn PARK	(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)	(TYP	OUSEWIF	WORKING LIFE) INDUST	
2	USU	AL RESIDENCE (IF NURSING HOME O STATE 1136 COU	ROTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)				
P	1	A.A. GUALLAN	rundel Den	Burnie YES		STREET ADDRESS	ellham 1	AVE N.W
12		ATHER'S NAME	MIDDLE Krpe	15 MOTHER'S	MAIDEN NAME	MIDDIE		LAST
2	4	Josef	KA		arie	MIDDLE	Kovar	ikova
)		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMA	NT	ADDRES	HISO DEIN	ir, md.
		NO N	A 212-7	4-3309 Arthi	ure. Jank	1 304	Plum Iree	
		18 CAUSE OF DEATH (Enter of	nly one couse per line for (0), (b ED BY:	and (c · /	1. 10	1 -1	BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
			TE CAUSE (a)	le Jujocard	val tu	faretto	~ (0	de
		410-	DUE TO, OR AS A CONSE	EQUENCE OF 1		0	3/	1 100
		Canditions, if any, which gave rise to immediate	(b)	2000			70	y yours
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF				
	1	PART 2. OTHER SIGNIFICANT	COMPITIONS/CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE OR COND	ITION GIVEN IN PART	1(0)
	NO O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)						
0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFO	RMED 2	00 AUTOPSY?	206. IF YES, WERE FIN	
7	E				Y	ES NO	YES	NO [
9		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		DAY YEAR 216. HOW IN	JURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART	2)
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				
1	MED	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.) 21f. LOCATION STREET	ON	CITY OR TOWN	N COUNTY	STATE
		AT WORK				- V A	2 75	
		220.1 certify that (1) (this haspital) attended the deceased fram 9 3 , 19 7 , to 8 9 , 19 7 , that (1) (we) last saw the deceased dive on 19 , and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (div) (div						
		obave, (I) (was (die) (did no	at//view the bady after death.	DEGREE DEGREE	(doi) optinion deoff	occurred an me da		ATE SIGNED
		ZZB. SIGNATURE	toon	A	ATTENDING M	EDICAL STAFI		12 7 9
	-	274 PHYSICIANES HAME (TYPE	TIMING OF	22e ADDRES		RECTOR PHYSICI	AND 10-	20-11
)		Dr. Ewaldo H. Weiss			615 Hammonds Lane, Brooklyn Park, Md			
_	230	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR C		3d. LOCATION		- 4271,110
		(SPECIFY) Burial		Meadowridge		CITY OR TOWN	e Howard	Md.
				2			Sh. REGISTRAR'S SIGN	ATURE
		NAME PAR	Hazekus ADDRES	on Dunania M	a AUG 2		Liston ME	Credy

and and a late of the second beautiful and a second beautiful and the s me no . . o time Tim